PROSPECTIVE STUDY TO ASSESS THE SAFETY AND EFFICACY OF Cu T 380 A IN THE IMMEDIATE POSTPARTUM PERIOD

BY

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Under the guidance of

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CHENNAI

2012-2015

DECLARATION BY THE CANDIDATE

I hereby declare that this dissertation/thesis entitled **"PROSPECTIVE STUDY TO ASSESS THE SAFETY AND EFFICACY OF CuT 380A IN THE IMMEDIATE POSTPARTUM PERIOD"** is a bonafide and genuine research work carried out by me under the guidance of **DR.GEETHA PRASAD M.D, D.G.O.,**

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This is to certify that the dissertation entitled **"PROSPECTIVE STUDY TO ASSESS THE SAFETY AND EFFICACY OF CuT 380A IN THE IMMEDIATE POSTPARTUM PERIOD"** is a bonafide research work done by **Dr. S. JAYA MANGALA** in partial fulfillment of the requirement for the degree of **MASTER OF SURGERY** in **OBSTETRICS AND GYNAECOLOGY.**

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This dissertation is submitted to the **TAMILNADU DR. MGR MEDICAL UNIVERSITY, CHENNAI** in partial fulfillment of its regulations for the award of **MASTER OF SURGERY** in **OBSTETRICS AND GYNAECOLOGY.**

I have great pleasure in forwarding this to the **TAMILNADU DR. MGR MEDICAL UNIVERSITY, CHENNAI.**

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CONTENTS

1. ABSTRACT

1.1. Background:

The population of India was one billion in 2000. It is expected to become 1.53 billion by 2050. Then India will become the most populous country in the world. According to recent census 2011 decadal growth rate in India was 17.64% as compared to the previous decadal growth rate of 21.15% in 2001. India accounts for 17.5% of world's population bearing only 2.4% of world's land area. Women belonging to the reproductive age group constitute approximately 248 million and 254 women are dying during childbirth for every 100000 births. In India 65% of women have an unfulfilled need for family planning in the first year after delivery.

PPIUCD is highly safe, long acting, effective, coitus independent and an easily reversible method of contraception with very few side effects. India is now aiming for increasing IUCD usage as it is the most cost effective and safe method of contraception particularly for women who have limited access to medical care. Since there is ten-fold increase in institutional deliveries due to maternity benefit schemes, postpartum period is potentially an ideal time to begin contraception as women are strongly motivated and these women would go home with an IUCD in place. They need not return for IUCD insertion or any other contraception at later dates

1.2. Objectives:

Objective of this study is to assess:

- The safety of PPIUCD and the incidence of complications like perforation, infection, bleeding, missing strings and expulsion at 6 months follow up
- To assess the reasons for removal/discontinuation

1.3. Methodology:

The present study is a prospective study to assess the safety and efficacy of Cu T 380A when inserted within 10 min of placental expulsion in 500+ women who had delivered at the Institute of Obstetrics and Gynecology (IOG), Madras Medical College, Chennai, irrespective of maternal age, risk factors and mode of delivery (vaginal/cesarean). A specially designed modified pro-forma from the PPIUCD reference manual was used to collect data which includes patient's particulars, type of PPIUCD insertion, and the findings at follow up (expulsion/ infection/missing threads/other complaints/no complaints) and the actions taken for complications. If the patient had gotten the IUCD removed, then the reason for removal was noted.

1.4. Results:

Key findings that came out of this study were as follows:

- The Primipara group had a higher PPIUCD continuation rate
- The expected likelihood of PPIUCD success is much higher, around six times higher, in the Primipara group
- Our data indicated a higher PPIUCD continuation rate with increasing education
- The PPIUCD continuation rate was also higher amongst the intra-caesarean group compared to the post-placental group
- The Primipara and intra-caesarean groups had a higher likelihood of missing strings against multipara and post-placental groups respectively
- Our analysis indicated that the following were strong drivers for the removal decision of the patients
    - Bleeding
    - Social factors, myths
- Our analysis indicated that the following were NOT strong drivers for the removal decision of the patients
    - WDPV
    - Missing strings
    - Abdominal pain

- Expulsion rate was overall low around 2.4% and had no significant differences between Primipara and multipara groups. However the expulsion rate amongst the post placental group was significantly higher than that of the intra-caesarean group

1.5. Conclusion:

- Overall PPIUCD was found to be a successful method for contraception, as we've had very high continuation rates 87%, excluding those that have got permanent contraception. If we include the group that had gotten permanent contraception in place of PPIUCD the continuation rate rises to 97%
- No pregnancy reported nor is uterine perforations or misplaced IUCD. Also expulsion rates were less than 3%. Hence PPIUCD is proven again to be a safe and efficient mechanism
- With regards to safety and side-effects <9% had reported with problems pertaining to WDPV, excessive bleeding or pain. Hence can PPIUCD be concluded as a safe medium of contraception.

2. INTRODUCTION

According to The World Health Organization (WHO), the recommended interval after one delivery should be at least 24 months before attempting next pregnancy in order to reduce the adverse outcomes in the mother and baby. When pregnancy occurs less than 24 months, there is increased chance for complications like abortions, prematurity, postpartum hemorrhages, babies with low birth weight, fetal death and maternal death[2].

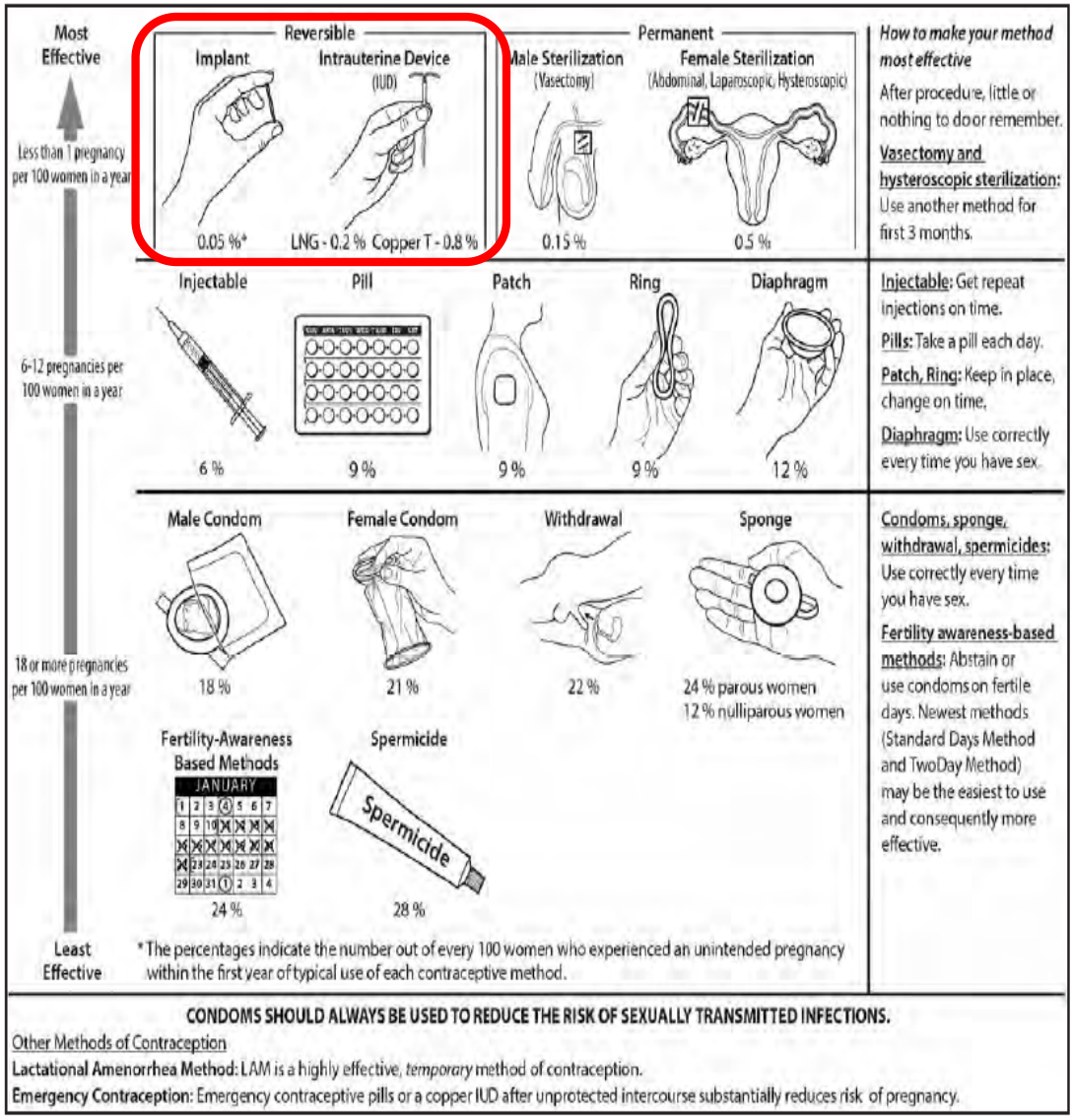
In India,

- 65% of women have an unmet need for family planning during the first year postpartum
- Only 25% are using one of the forms of contraception during the first year after delivery.
- Only 8% of women wish to have another baby within the next two years following a childbirth and they are vulnerable to the risk of pregnancy[2]

Among the various methods available for family planning during postpartum period, insertion of PPIUCD appears appealing for the following reasons:

- Commencement of ovulation is unpredictable after delivery
- High unmet need for contraception during the first postpartum year.
- Delivery may be the only time when women come in contact with health care providers
- Increasing rate of institutional deliveries
- Women are likely to be highly motivated during post-partum period
- Long term and reversible method
- Highly effective (>99%)
- Coitus independent
- Newer understanding of IUCD in terms of acceptability, low expulsion when inserted with proper technique, cost effectiveness, safety and feasibility of inserting immediately after child birth[3]
- Long term benefits of reducing maternal mortality burden.
- Many women also find the IUCD to be very convenient because it requires little action once it is in place.

Fig 2.1 indicates a comparison of failure rates of different modes of contraception. IUCDs are the most effective reversible modes



3. REVIEW OF LITERATURE

3.1. IUCD:

IUCDs have evolved through the Dalkon Shield produced in the 1970s to the Lippes Loop which are no longer in use. There are three categories of modern IUCDs, namely

1. Copper IUCDs E.g. CuT380A
2. Progestin-releasing IUCD and
3. Un-medicated (inert) IUCDs.

As the scope of this study revolves around Copper IUCDs, specifically the CuT380A variant, the same has been explained in detail below.

Refer Figure 3.1 below. The CuT380A (Paragard) contains a T shaped polyethylene frame with 380 Armstrom units of exposed surface consisting of fine copper wire wound around a vertical stem and copper collars on each of the horizontal arms. There is a 3mm ball at the base of the stem to decrease the risk of cervical perforation. A white or clear polyethylene monofilament string is knotted through this ball. The frame contains barium sulphate to make it radiopaque. All copper containing IUCDs have a number as a part of their name. This is the surface area of copper (in square millimeters) the IUCD provides. The device is latex free and clinically relevant allergy to copper is extremely rare.

The copper T 380A is supposed to be used for only 10 years[9]. But it is effective for 12 years. The pregnancy rate with a copper T is 0.6% with

perfect use. The very high efficacy of Cu T 380A makes it the IUCD of choice and it can be considered as a potentially reversible, non-surgical alternative to sterilization for women requiring very long term pregnancy protection

Fig 3.1 below displays an unused CuT380A insert

3.2. Mechanism of action[7]:

IUCDs produce an inflammation or foreign body reaction, which in turn causes cellular and biochemical changes in the endometrium and in uterine & tubal fluids. Prostaglandin levels increase and the fibrinolytic mechanisms needed for hemostasis is affected. Numerous polymorphs, giant cells, mono nuclear cells, plasma cells and macrophages appear in the endometrium as well as in the uterine and tubal fluids. These cells

engulf or consume sperms and ova by the process of phagocytosis and thus prevent fertilization[8]. Besides, normal cyclical changes in the endometrium may be delayed or deranged by the inflammatory reaction and liberation of prostaglandins, making it inhospitable for implantation of the blastocyst. Sperm motility, capacitation and survival are also affected by the biochemical changes in the cervical mucus produced by copper. It has been established that copper devices act locally and not through their systemic effect. They do not cause interference with the hormonal levels nor do they have any systemic toxic effect in the humans

3.3. Population of India- Present scenario:

Population explosion is one of India's biggest problems. In the recent census of 2011, India's population has reached to 121 crores. Total absolute increase in population in the last decade is around 18.15 crores, corresponding to population growth of 17.64%. This rate of increase is not acceptable and needs to be checked more. The absolute addition is slightly lower than the population of Brazil, the fifth most populous country in the world and is almost equal to the combined population of the United states, Indonesia, Brazil, Pakistan, Bangladesh and Japan put together. The population of UP and Maharashtra together is greater than that of the US. This population accounts for 17.5% of world's population

bearing only 2.4% of world's land area. India contributes about 20% of births worldwide.

3.4. Contraceptive prevalence in India

In India, the prevalence of contraception among married women is only 56.3%. More than 40% are not using any method. The main method of contraception is sterilization. Permanent sterilization constitutes roughly 85% of all modern contraceptive methods used, overwhelmingly female sterilization. Less than 7% of women use the other spacing methods[4] (pills, condoms, IUD). The scenario has not significantly changed in the last 10 years. India is one such peculiar country where there is unchecked population on one side and on the other hand there is substantial unmet need for contraception. In most developed countries more than 70% of couples use some type of contraceptive measure. China is an exceptional country where more than 85% couples are protected by contraception.

3.5. Magnitude of unmet needs in India

21% of all live births are not planned or timed properly that result in adverse outcome both for the mother and child. Studies have shown that adverse outcomes like abortions, premature delivery, postpartum hemorrhage, low birth weight babies, fetal death, death during neonatal

period and death of the mother are more common in pregnancies occurring less than 24 months from the previous pregnancy. The family planning needs of 86% of women are satisfied. But the need for spacing or delaying pregnancy is largely unsatisfied. This unfulfilled need for family planning is most common in the postpartum year. Estimations have proved that the number of maternal deaths is reduced by one third if this need for family planning is fulfilled.

3.6. Unmet need in postpartum period

A large proportion of women in the postpartum period want to accept a contraceptive method to regulate their fertility, either by spacing or limiting future pregnancies. Access to safe and effective contraceptive services in the postpartum period is of utmost importance for a woman to prevent unwanted / mistimed pregnancy. Women accept family planning methods more readily in the postpartum year. Studies show that 40% of women in the first year postpartum wish to use a family planning method but are not doing so. Deliveries in the hospitals have increased considerably in the recent years and thus creating an opportunity for providing family planning services. In India, 65% of women are in need of a family planning method which is not fulfilled. Only 26% of women are using one of the methods of family planning during the first year after a delivery. 8% of women wish to have next baby within two years after first childbirth and are vulnerable to early pregnancy[5].

3.7. Postpartum and unplanned pregnancy

About 55% of women give exclusive breastfeeding to their babies in the first three months after childbirth. This becomes almost zero after one year. Then the women become vulnerable to pregnancy. Women who are not exclusively breastfeeding or those who are not at all breastfeeding may start menstruating as early as 4 to 6 weeks after delivery and ovulation may occur even at 45 days following childbirth, thus increasing the risk of pregnancy. Some women may experience amenorrhea during breastfeeding even if they are not exclusively breastfeeding or donot satisfy the three criteria of Lactational Amenorrhea Method. Chances are there for ovulation to occur even before the resumption of menstruation. Hence amenorrhea following delivery is an unreliable indicator that the woman is safe from pregnancy.

3.8. Sexual activity after delivery

About 40% of women resume their sexual life within 3 months after delivery. About 90% of women become sexually active by 10 to 12 months and hence more number of women are exposed to the risk of pregnancy. That period when the woman is not exclusively breastfeeding i.e., 3 months after delivery, when she is getting her periods back and when the woman is sexually active is the most vulnerable period for

pregnancy which the couples are not aware of. During this period, the necessity for a family planning method is not recognized.

In India, childbirths occurring before the recommended time interval of 36 months from the previous delivery constitute 61% which is very huge and has to be reduced.

3.9. Maternal and child health:

Fetal effects due to short birth interval:

- Pre-term births
- Low birth weight babies
- Death in the perinatal or neonatal period

Maternal effects due to short birth interval:

- Anemia
- Premature rupture of membranes
- Pregnancy loss
- Maternal deaths

3.10. Adolescent reproductive health

Adolescent pregnancy has an adverse effect on the health of both the baby and the mother and it becomes essential that she gets counseled for spacing her childbirths.

Maternal mortality rate due to pregnancy in mothers between the age group of 15 and 19 years is two times more than those above the age of 20 years. Maternal mortality in girls less than 15 years is five times more.

3.11. Healthy spacing of pregnancy (HSP)

The time interval between a live birth and next pregnancy is called Birth to Pregnancy interval. The recommended birth to pregnancy interval is 24 months. In India, the percentage of births occurring less than 24 months from previous birth is 27%. Those occurring between 24 and 35 months constitute 34%. 36 months is the recommended interval between two childbirths. Totally 61% of births in India are occurring less than 36 months from previous childbirth. After an abortion, the recommended time interval before next pregnancy is 6 months. **No woman should get pregnant less than 20 years.**

3.12. Family planning methods available in the post-partum period

Various postpartum family planning methods include condoms, IUCD, LAM (Lactational Amenorrhea Method), progesterone only pills, or injections, female and male sterilization. In breastfeeding women, LAM is affective for first six months, progesterone only pills or injections can be given from 6 weeks onwards and combined pills to be started after 6 months. In non-breast feeding women progesterone only pills can be

started immediately after delivery and combined pills from 3 weeks onwards.

3.13. Role of post-partum IUCD

PPIUCD provides a good opportunity for spacing and delaying births and also limiting births. Despite persistent misconceptions, IUCD users have higher satisfaction rates and continuation rates than users of many other methods. Risk of PID in IUCD users is negligible. There have been global changes in thinking about IUCD. Though the expulsion rate is high i.e.,10%, the retention rate is still 90%. Thus the benefit is high with PPIUCD.

3.14. Advantages of PPIUCD

Counseling during antenatal period and in early labour is very successful and woman and family become highly motivated to accept it as a reliable birth spacing method.

It is safe to use as the woman is sure that she is not pregnant during the time when the copper T is inserted. The risk of perforation is least at this time because of the increased thickness of the uterine wall due to involution. The side effects like bleeding, cramping etc., are perceived less and the chance of excessive bleeding is least as the woman is already in amenorrhea. The quality or amount of breast milk is not at all changed.

It saves time as it is performed on the same delivery table for post placental/intra cesarean insertions. No extra evaluation is required nor is extra clinical procedures. It needs minimal additional supplies and instruments before discharge from the hospital. The increased institutional deliveries have increased the accessibility of the PPIUCD services. Launching of Janani Suraksha Yojna has enabled to achieve 73% institutional delivery. PPIUCD is very popular in countries like China, Paraguay and Mexico. This gives us some hope about the feasibility of this approach in our country

3.15. Effectiveness of PPIUCD

The efficacy of copper T380A is more than 99%. Pregnancy rate is about 0.6 to 0.8 per 100 women in the first year of use. The Cu T 380A can be used for 10 years continuously.

3.16. Limitations of a PPIUCD

Expulsion rate appears to be higher than with interval insertion. In general, the expulsion rates for PPIUCD range between 10 to 14%. Expulsion rates can be minimized by adequate training to the provider and using the correct technique for insertion. The other limitations of PPIUCD are comparable to that of interval IUCD

3.17. PPIUCD related policies

- The Copper T380A has been approved for use as an immediate postpartum contraceptive device. Insertion must be only after woman has been counseled and gives a written consent for insertion. Counseling should be given either in the antenatal period or immediate postpartum period. Counseling should never be given during the active phase of labour rather can be given during the early labour.
- The PPIUCD can be inserted following the delivery of the placenta either in a labour natural or cesarean delivery. Also, can be inserted within 48hrs after delivery in labour natural.
- Insertion must be done only by a trained person who is competent enough as per national standards.
- The IUCD must be inserted only in a hospital or other health care facilities that provide services related to childbirth and is following infection control standards.

3.18. PPIUCD related standards

The following standards of care have to be maintained:

- Counseling of women regarding the benefits and side effects of an IUCD. Limitations also have to be explained.

- She must be explained about the procedures of insertion and removal of PPIUCD.
- She should be sorted according to the WHO Medical Eligibility Criteria (MEC) before insertion. Sorting should take place both in the antenatal period and also just before insertion.
- She should be offered another mode of contraception if she is not fit for PPIUCD insertion according to the Medical Eligibility Criteria.
- All the standards of insertion and infection prevention measures must be followed while inserting PPIUCD.
- A placental forceps[11]that is long enough to place the IUCD in the fundus of the uterus must be used. See fig below for construction of Kelly's placental forceps
- A record must be maintained about the women undergoing PPIUCD insertion as per protocol.
- Follow up of those women undergoing PPIUCD insertion must be done by an authorized person

Fig 3.18 Illustration of Kelly's forceps [11]

3.19. Timing of PPIUCD insertion

- Post-placental: IUCD inserted within 10 min following the delivery of the placenta in a labour natural.
- Intra-cesarean: IUCD inserted after delivery of the placenta in a cesarean delivery before closure of the uterine incision.
- Immediate post-partum: IUCD inserted within 48hrs after delivery and before the patient gets discharged from the hospital.

3.20. Follow-up care and counseling

A woman should be followed up after a PPIUCD insertion at 6 weeks and thereafter as and when necessary. It is to ensure that the woman is satisfied and to make sure that she continues the method. She is asked about the complaints she has if any. The position of the IUCD is confirmed during the follow up visit.

ANM/ASHA can also do the follow up work if she is living far away from the IUCD insertion place.

- During the follow-up visit, the woman should be asked if she has any complaints or if the IUCD has expelled.
- A speculum examination must be done if she complains of missing strings. If not found, a pelvic examination is done to confirm the position of the string. Finally an USG is done if the string cannot be found either way.
- Check if she is anemic If she complains of excessive bleeding pv.
- If the woman has no complaints, then she need not be followed up solely for the IUCD.
- Reassure that the woman can get help at any time if she has a problem

3.21. Medical eligibility criteria (MEC)[1]

The WHO Medical Eligibility Criteria helps to sort out women if she can follow a particular family planning method. It guides the service provider whether a woman with a particular medical disorder can adopt a particular mode of contraception.

The MEC has four categories: (Taken from the PPIUCD reference manual)

- Category 1:A condition for which there is no restriction for the use of the contraceptive method. Safely use.
- Category 2:A condition where the advantages of using the method generally outweigh the theoretical or proven risks. Generally use.
- Category 3:A condition where the theoretical or proven risks usually outweigh the advantages of using the method. Generally do not use.
- Category 4:A condition which represents an unacceptable health risk if the contraceptive method is used. Do not use.

In general, therefore, medical eligibility criteria for the immediate PPIUCD services can be grouped as follows:

- Category 1:Immediate post placental, Immediate postpartum<48 hours or During cesarean section, > six weeks postpartum

- Category 2 : No conditions
- Category 3 : Between 48 hours and six weeks post-partum, Chorioamnionitis, Prolonged rupture of membranes (ROM)> 18 hours.
- Category 4:Puerperal sepsis, Unresolved postpartum hemorrhage

3.22. Postpartum hemorrhage

Importance should be given to the cause of bleeding rather than inserting an IUCD. Once the postpartum hemorrhage is settled the IUCD can be inserted or it can be inserted the next day. Insertion should happen before suturing the vaginal lacerations or the episiotomy.

3.23. Client assessment[1]

Assessment of women for provision of immediate PPIUCD services should be done in two phases before PPIUCD insertion**.** The first assessment is done in the antenatal period and it takes into account the woman`s general medical condition and her eligibility for PPIUCD insertion. A second assessment is done just before insertion which analyses those conditions that might have changed as a result of delivery.

First assessment should be carried out with the pregnant woman during antenatal care and it must include assessment for the following conditions, listed in the Medical Eligibility Criteria and relevant to immediate PPIUCD services, namely

- Known distorted uterine cavity (uterine septum, fibroid uterus, etc.)
- Acute purulent discharge
- High individual likelihood of exposure to Gonorrhea or Chlamydia
- Malignant or benign trophoblastic disease
- Suffering from AIDS and neither clinically well nor on antiretroviral therapy

For those women who present to the facility for delivery care, and who have not had a prior assessment, the clinician must use her/his clinical judgment about the likelihood of contraindications to use. In the situation where a woman has just experienced a normal, vertex, full-term vaginal delivery, it is reasonable to assume that she is eligible for PPIUCD.

Second assessment should be done immediately prior to insertion by the person who will insert the IUCD. The purpose of the second assessment is to ensure that the process of labor has not created any clinical situation which may be a contraindication for insertion of the immediate PPIUCD and to rule out the following conditions:

- Chorioamnionitis
- Postpartum endometritis or puerperal sepsis
- More than 18 hours from rupture of membranes to delivery of the baby
- Unresolved postpartum hemorrhage
- Extensive genital trauma

First Assessment		Second Assessment		Insertion:
When:	During ANC or initial assessment	When:	Immediately prior to insertion	If the woman is still eligible
For:	For assessing the eligibility	For:	Assessing no adverse changes as a result of delivery	

Figure taken from the PPIUCD reference manual showing a summary of the process

If the woman`s present condition is not fit for PPIUCD insertion, she should be explained in detail about her condition and she should be advised another mode of contraception. She may be advised to return after six weeks for IUCD insertion (Interval IUCD)

3.24 Clinical technique for insertion of the immediate PPIUCD[1]

3.24.1 Changes in the uterus

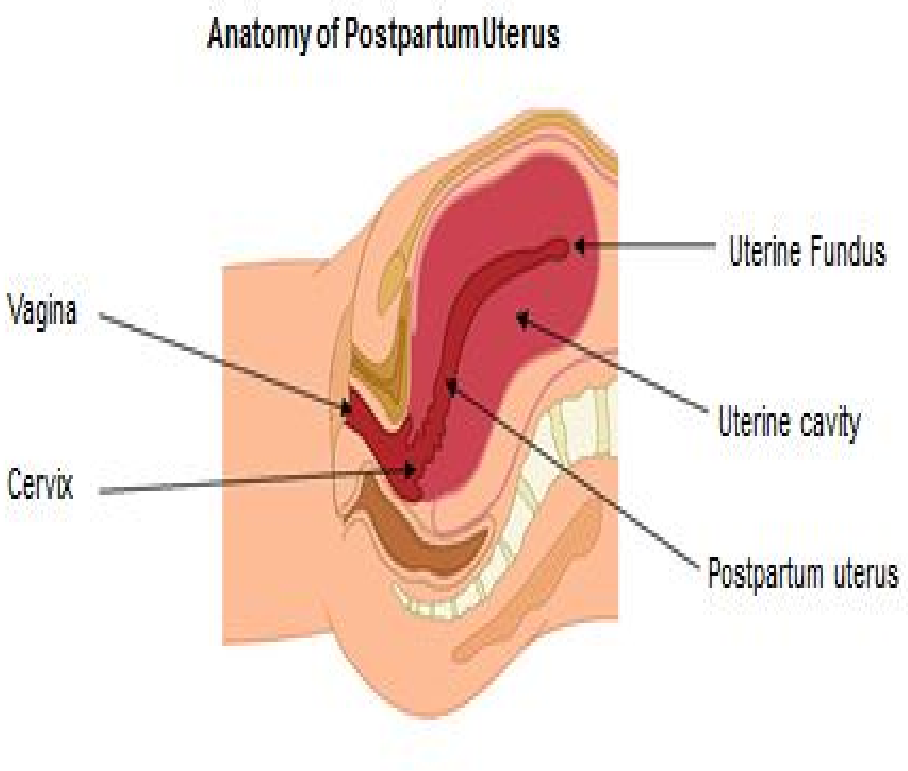


Fig 3.24 represents a cross sectional view of the post-partum reproductive tract

The fundus of the uterus can be palpated just below the umbilicus after the delivery of the placenta. The weight is about 1 kg and is

approximately the size of a five month pregnant uterus. It can be easily palpated through the anterior abdominal wall. The anterior and posterior walls are about four to five centimeter in thickness and each of them lie closer together. The lower uterine segment is extremely thinned out and floppy so that the uterus is freely mobile and lies anteriorly tilted.

The heavy and thick body of the uterus compared to the thin and floppy lower uterine segment results in the extreme anterior curvature of the uterus which can be felt or palpated during a bimanual examination. After the delivery of the placenta, the uterus falls forwards against the anterior abdominal wall and the axis of the uterine body is almost at right angles to the axis of the vagina. This sharp angle can make instrumental placement of an IUCD difficult and give a false sense to the inserter that he/she has reached the fundus of the uterus. The provider must be competent enough to overcome this difficulty. The uterus will remain in the same position and size for the next 48 hrs. Over the next two weeks the uterus cannot be palpated distinctly and it sinks into the pelvis. There is no demarcation between the uterine body and the lower uterine segment. Hence insertion during this period is not advisable. Uterus reaches its original non-pregnant size following involution in 5 to 6 weeks

3.24.2 Changes in the cervix

Following the delivery of the placenta, the cervix and the lower uterine segment are thin and floppy. Cervical edges are often lacerated and the os admits at least two fingers easily. This allows an IUCD placement easy. Within a few days, the cervix gradually becomes thicker and narrower.

After the involution is complete, the cervix gains its actual firm consistency and the os is tightly closed retaining the permanent changes of a parous cervix

3.24.3 Importance of proper insertion of PPIUCD

The uterus is about 30 cm long during the first 48hrs after delivery. Hence the IUCD cannot be placed with an inserter tube and the fundus cannot be reached as the length of the inserter tube is insufficient. Therefore manual placement using hands or a long placental forceps is necessary to ensure proper fundal placement of the IUCD. The sharp curve between the uterine body and the cervix at the floppy lower uterine segment is a challenge encountered. Mostly the provider mistakes the posterior wall of the uterus for the fundus and wrongly places the IUCD. The provider must be well trained to overcome these issues.

Expulsion rates can be minimized by careful fundal placement of the IUCD. The uterus is softer in consistency and more vascular than its

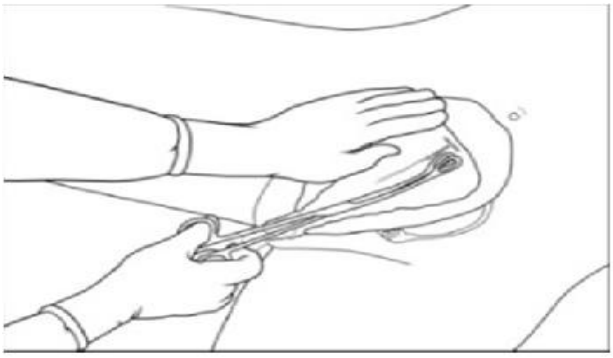
non-pregnant state between 48hrs and 6 weeks after pregnancy. Hence the rates of perforation and other complications are more during this period. IUCD insertion is not recommended during this period for the same reasons.

After 6 weeks, the uterus has returned to its actual pre-pregnant size and insertion of an IUCD is recommended using the no-touch technique using an inserter tube

3.24.4 Types of insertion[6]

- **Post placental**: Post placental insertion is done immediately following the delivery of the placenta within 10 min after placental delivery on the same delivery table before the woman is shifted. It is done after the active management of third stage of labour is over and before suturing the vaginal laceration or episiotomy. Post placental insertion can be done by two techniques:
    - Instrumental insertion : (Using forceps): the IUCD is held in a suitably long forceps without a lock preferably a long placental forceps. The forceps with the IUCD is inserted upto the fundus of the uterus negotiating the curve and the IUCD is released.

- Manual post placental insertion: In this technique, the IUCD is held in the hands of the provider as shown in the figure below and is inserted at the fundus of the uterus. The provider must wear a long gloves upto the mid arm to protect himself and also the woman.



- Intra-cesarean: Here the IUCD placement is quite easy as it is done under visualization of the fundus of the uterus. After the placenta is removed and before the uterine incision is closed, the IUCD is placed at the fundus of the uterus using a regular ring forceps or manually. The strings should not be attempted to push through the cervical os as this will displace the IUCD and also there is a chance of introducing infection from the cervix and vagina. There is no need for fixing the string with a ligature.

- Immediate postpartum: Here the IUCD is inserted in the postnatal ward within 48hrs after delivery and before the woman is discharged. A regular ring forceps or a long placental forceps can be used to insert the IUCD.

3.25 Immediate PPIUCD insertion and active management of 3rd stage labor (AMTSL)

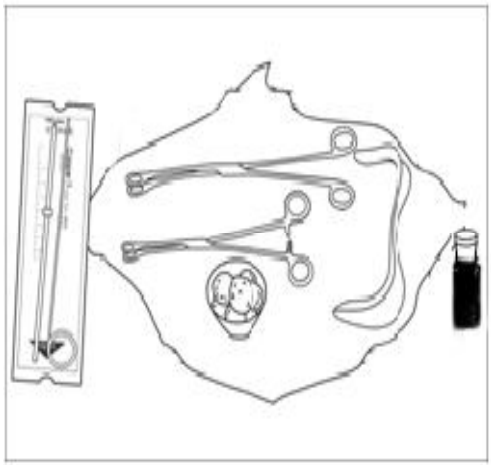
AMTSL includes administering an utero-tonic, controlled cord traction and uterine massage. They don't make the insertion of an IUCD difficult nor increase the risk of expulsions. Emergencies such as postpartum hemorrhage, eclampsia etc., should be given priority and treated. No aspect of AMTSL is modified to accommodate the insertion of PPIUCD. Sound clinical knowledge is always necessary.

3.26 Steps of post placental insertion

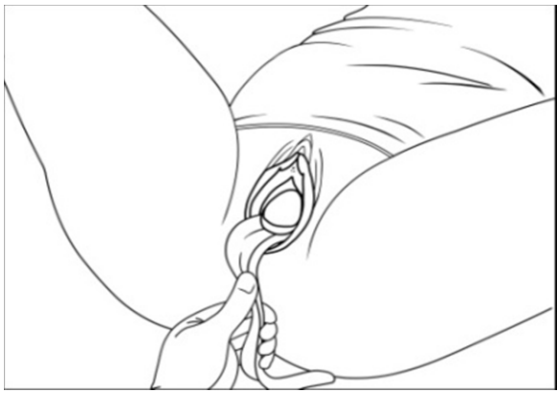
The steps described below follow the 'Clinical Skills Checklist for Post placental Insertion of the IUCD Using Forceps'.

1. Check the woman's medical records and sort her out according to the WHO Medical Eligibility Criteria and ensure she has given a written consent. Rule out conditions which prevent insertion of IUCD like:
    - Rupture of membranes for more than 18 hours
    - Chorioamnionitis
    - Unresolved postpartum hemorrhage
2. Confirm if the supplies and instruments are available for immediate post placental insertion of IUCD. Re check if the woman wants IUCD insertion still. Explain the procedure to her once again. Answer any question that she might have. Talk to her patiently and with kindness.

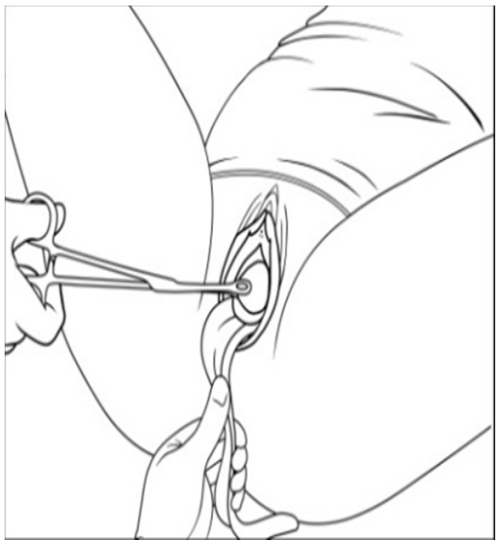
3. Wash hands well and wear a sterile hand gloves.
4. The instruments and supplies are arranged in a sterile area.



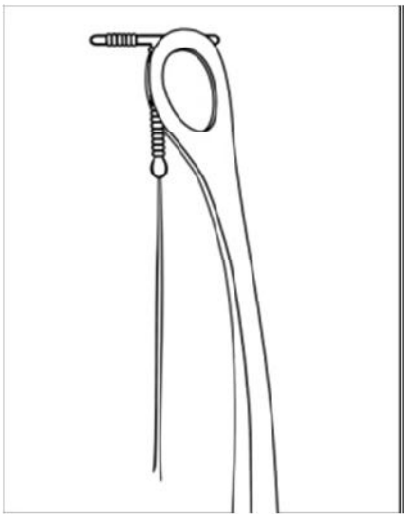
5. Inspect the vagina, cervix and labia for lacerations. If there is no active bleeding the IUCD is inserted and soon after this, the lacerations are sutured.
6. Gently examine the cervix for tears and lacerations by introducing a Sim`s speculum into the vagina and depressing the posterior vaginal wall.



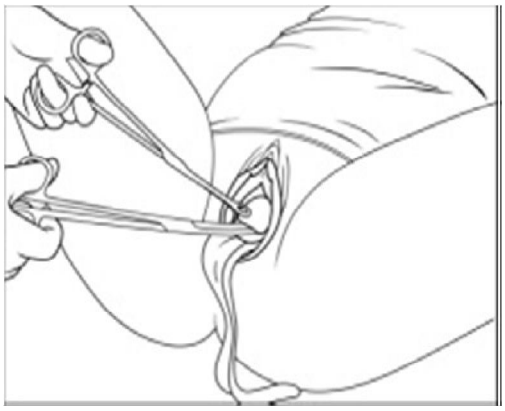
7. The cervix is cleaned with two separate cotton swabs soaked in Povidone iodine or Chlorhexidine. Wait for two minutes for the antiseptic action to start.
8. Grasp the anterior lip of the cervix with a ring forceps upto the first lock and depress the posterior vaginal wall using a Sim`s speculum.



9. The IUCD is held with the long placental forceps using the no-touch technique as shown in the figure. It should be held in the edge of the placental forceps so that release of the IUCD is easy into the uterus.

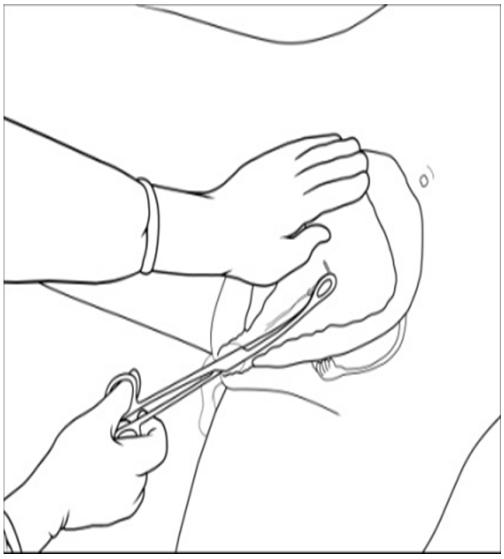


10. Gentle traction is applied on the anterior lip of the vagina and the IUCD is placed at the lower uterine cavity. The walls of the vagina should not be touched while directing the IUCD into the uterine cavity.

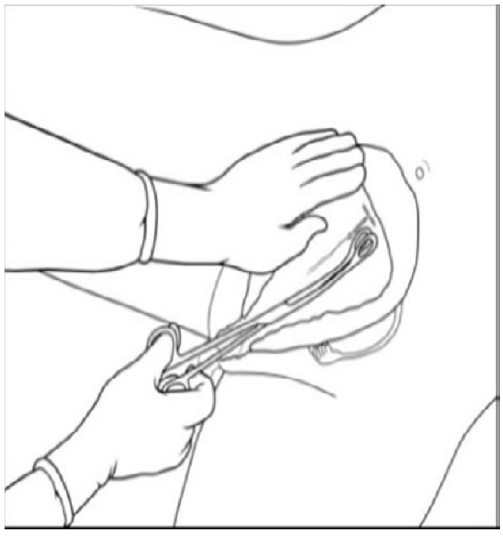


11. After the placental forceps is directed upto the lower uterine cavity, the ring forceps holding the anterior lip of the cervix is lowered. The left hand is now placed over the woman`s abdomen and the uterus is pushed upward to reduce the angle between the uterine body and cervix as shown in the figure. The placental forceps is then gradually introduced upto the fundus of the uterus. The ring forceps can be removed at this stage as it is no longer necessary.

12. While moving the placental forceps towards the fundus of the uterus, care should be taken not to give too much pressure as this may cause perforation. The placental forceps should not be opened till it reaches the fundus.



13. Make sure that the placental forceps has reached upto the fundus of the uterus. The provider can feel the resistance at the fundus while inserting. Also, he can make out the thrust of the placental forceps at the hand kept on the abdomen once it has reached the fundus of the uterus. Gently turn the placental forceps inwards at this stage.



14. The placental forceps is gently opened at this stage and swept to the right wall of the uterus. This helps in preventing the placental forceps from dragging the IUCD along with it as it is withdrawn. Stabilize the uterus with the left hand and gently withdraw the placental forceps keeping the mouth open all the time.
15. Counter traction is applied to stabilize the uterus while the instrument is being withdrawn and until it is completely out of the uterus
16. The cervix is examined to ensure that there is no bleeding. The string of the IUCD should not be visible at the cervical os. If the string is visible at the os or if it is too long, then it means that the IUCD has not been properly placed at the fundus of the uterus. The chances of expulsion are higher. The IUCD is removed using the same placental forceps and then re inserted once again.

17. The instruments used are decontaminated by keeping them in 0.5% chlorine solution for 10 min.
18. The woman should be allowed to rest on the delivery table for some time. The routine postpartum care should follow as usual. Breast feeding should be initiated immediately. The woman should be re assured that the procedure was successful and that she now has a long term contraception in hand.
19. Immerse the gloved hands in 0.5% chlorine solution for 10 min and then remove them carefully by turning them inside out. Wash hands well. All infection prevention methods should be followed as per protocol.
20. The following post insertion instructions to be given to the woman:

    Provide an IUCD card to her that contains the type of insertion and the date of insertion. Clearly explain the side effects of IUCD and the postpartum symptoms. She must be aware when to come for IUCD follow up/ PN follow up. Make her clear that she should come back at any time if she has any problem. Tell her how to palpate the string of the IUCD herself and to check for expulsion. She should come back immediately if she is suspecting expulsion. She should be assured that breast feeding will not be affected by IUCD. Post insertion

instructions should be given in written form to her and ensure that she understands them well. These instructions should also be explained to her family if possible.

21. The details of the insertion should be recorded in the woman`s chart or record and also to be entered in the PPIUCD register maintained in the facility.

3.27 Postpartum insertion of the IUCD within 48 hours of delivery

There are a few differences between the post placental insertion and immediate postpartum insertion of the IUCD.

The woman is made to lie on the procedure table after emptying the bladder. Wash hands properly and wear sterile gloves. Examine the abdomen and look for the level of the fundus of the uterus. Make sure the uterine tone is good. Use a ring forceps or a placental forceps to insert the IUCD. Keep the left hand on the abdomen and push the uterus upwards to reduce the angle between the uterine body and the cervix. Using the ring forceps may require some modification in the technique to bring the uterus a little down and may require slightly more pressure close to the cervix to allow the ring forceps with the IUCD to reach the fundus. Make sure the IUCD is kept in the fundus of the uterus and don’t forget to examine the cervix after insertion. In some cases the string may be visible at the cervical os due to rapid involution of the uterus. If there is doubt

regarding the fundal placement, the provider should not hesitate to remove the IUCD and re insert properly

3.28 Intra-caesarean insertion of the IUCD:

Women who are scheduled for an elective cesarean section or those who are admitted prior to the onset of labour can be counseled for a PPIUCD insertion. They are not in labour and they can make clear decisions about IUCD. Intra-cesarean insertion is straightforward. However some factors should be considered.

An intra-cesarean PPIUCD is inserted using a ring forceps or manually. In contrast to a post placental IUCD insertion, this can be placed accurately at the fundus of the under direct visualization if the provider is competent enough. The IUCD is held between the middle and index fingers of the hand and introduced through the uterine incision. After the fundus is reached, the hand is slowly withdrawn making sure the IUCD is in the fundus of the uterus.

The strings can be directed into the cervical canal but should not be pushed inside the cervical canal because of the fear of introducing infection from the vagina and cervix into the uterine cavity. The IUCD might also be displaced from its position and there is increased chance for expulsion. There is no need for ligature to fix the string.

While closing the uterine incision, care should be taken to avoid including the string in the sutures.

3.29 Tips for reducing spontaneous expulsion

Right technique

- Elevation of the uterus.
- Fundal placement of the IUCD
- The instrument should be swept to the side of the uterine cavity.
- The placental forceps is kept closed while going in and kept open while coming out.

Right instrument

- Use a placental forceps that is long enough to reach the fundus

Right time

- Post placental and intra-cesarean insertions have the lowest expulsion rates.

3.30 Post-insertion care for immediate PPIUCD

Immediate post-insertion care at the health facility:

- The woman should be advised to report any excessive vaginal bleeding or uterine cramping.

- Hemorrhage due to an atonic uterus should be treated as per standards prescribed (AMTSL). Utero-tonics and uterine massage are recommended. PPIUCD never causes an atonic pph.
- A bimanual or speculum examination is done to rule out partial or complete expulsion of the IUCD if the woman complains of excessive intolerable uterine cramping.
- If the woman complains of fever or white discharge per vagina, a complete examination including swabs for culture and blood investigations to be taken and a good antibiotic regimen advised.
- If the woman complains of missing string, a speculum examination is done to find the recoiled string lying in the vagina or cervical os. A bimanual examination may be necessary sometimes. If the string cannot be found still, confirm by an USG examination. If the IUCD cannot found in the USG also, expulsion should be suspected and a fresh insert made if the woman is willing after excluding a misplaced IUCD.

3.31 <u>Post-insertion instructions to the woman:</u>

- There may be minimal bleeding or spotting or cramping during the initial days following PPIUCD insertion. These symptoms are normal for any woman who has recently delivered. Advice ibuprofen and paracetamol or any other analgesic.

- Expulsion of the IUCD can happen spontaneously in some women. Carefully watch for expulsion. Most of them occur during the first three months postpartum. If expulsion occurs, immediately return for re insertion of the IUCD.
- The woman can check for the string of the IUCD herself. If she is not able to feel the string she should return to check for the string by examination by the provider. Some women can feel the string at the end of six weeks.
- IUCD does not protect against STD and HIV.
- Is she wants to have her next baby, she can return for the removal of the IUCD. Return of fertility is almost always immediate.

Before the woman is discharged, she should be advised to return to the facility in case she encounters any of the following problems

- Excessive vaginal bleeding
- Intolerable lower abdominal pain
- Fever
- Abnormal vaginal discharge
- Suspected expulsion (either the IUCD was felt in the vagina or it was seen being expelled)
- Any other problems or questions she has related to IUCD

3.32 Management of potential problems

Most problems arising following a PPIUCD insertion can be prevented by proper insertion techniques, strictly following infection prevention measures and correct selection of clients

3.32.1. Problems at the time of insertion:

- **Client discomfort or pain**

  Possible Signs/Symptoms: Some amount of pain is common during the postpartum period regardless of IUCD insertion. This pain is attributed to IUCD by some women.

  Management:Reassure the woman that the pain is only short lived and can easily be cured with analgesics. This pain subsides with continued usage.

- **Displacement of the IUCD**

  Possible Signs/Symptoms: IUCD is visualized at the vagina or seen being expelled. There is excessive cramping pain at the lower abdomen.

  Management: Remove the IUCD using a sterile forceps and re insert with a fresh one under the same safety precautions.

- **Cervical laceration**

  Possible Signs/Symptoms: Excessive vaginal bleeding

Management: Identify and visualize the laceration. Repair it as soon as possible.

- **Uterine perforation**:

  There were no cases of perforation reported with a PPIUCD insertion. The incidence is zero because the thickness of the uterine wall is maximum during the immediate postpartum period.

  Signs and symptoms: Uterus is deeper than expected, sudden feeling of giving away of resistance while inserting an IUCD, sudden severe pain etc.

  Management: If perforation is suspected, stop the procedure immediately and remove the IUCD and the instruments out gently. Keep the woman well rested, start an IV fluid and monitor the vital signs. Look for abdomen pain, guarding, rigidity etc. If the woman complains of severe abdomen pain or if there is change in the vitals or if peritoneal signs appear, refer the patient immediately to higher center. Antibiotics should be given.

3.32.2 Problems encountered after immediate PPIUCD insertion

- **Changes in menstrual bleeding patterns**

Possible Signs/Symptoms: Excessive bleeding or prolonged bleeding than which normally occurs in the postpartum period or there may be bleeding in between periods.

Management : Evaluate the severity and duration of bleeding. Find out when the symptoms started. Ask her if bleeding is associated with any other symptom like pain, fever etc., and find out how much is the woman tolerating these symptoms.

Reassure the woman if the bleeding is minimal and is consistent with an involuting uterus.

If the bleeding is excessive and the woman is becoming anemic, then advice iron supplements and removal of the IUCD has to be considered.

If the woman wants to continue the IUCD, she should be advised non-steroidal anti-inflammatory drugs like ibuprofen, mefenamic acid etc., during bleeding only. Iron supplements may be prescribed.

If the woman is not able to tolerate bleeding, the IUCD is removed and counseling for other methods of contraception is given. If there is suspicion that bleeding might be due to other gynecological problems, she should be referred to a qualified doctor.

- **Cramping or pain**:

  Minimal intermittent cramping is common in the postpartum period due to uterine involution called the `after pains`. This may mask the cramping occurring in the first few weeks after IUCD insertion.

Possible Signs/Symptoms: Cramping lower abdomen pain of varying severity that may or may not accompany menstruation.

Management: Evaluate the severity of pain and the duration of pain. Find out if the woman is able to tolerate the pain and if it associated with other symptoms like bleeding, fever etc. Examination is done to rule out pregnancy and infection. If the woman is able to tolerate the pain and if pain is consistent with uterine involution, just reassurance is sufficient. She may be prescribed a course of non-steroidal anti-inflammatory drugs just before and during menstruation. If the woman is not able to tolerate the cramping pain, remove the IUCD and alternate mode of contraception is advised.

- **Infection**:

  The highest risk for upper reproductive tract infection occurs during the first 20 days following an IUCD insertion. This is because of lack of proper infection prevention measures or due to an already existing infection. The risk of infection is generally less than 1% among IUCD users.

Possible Signs/Symptoms: Lower abdomen pain, white discharge per vagina, fever, painful coitus, excessive bleeding during periods or bleeding in between periods, excessive pain appearing newly during periods, nausea and vomiting.

Management: Examine the patient. Record the vital signs. Do an abdominal and pelvic examination. Order for necessary laboratory investigations. Rule out other possibilities like appendicitis, endometritis, urinary tract infection, pregnancy or ectopic pregnancy, uterine perforation etc.

Start treatment with an appropriate antibiotic as per national standards. The IUCD has to be removed if the symptoms continue for more than 72hrs. If the woman is not willing to retain the IUCD, remove it after two to three days of antibiotic treatment. When she is suspected of having high risk behavior or if there is suspicion of sexually transmitted infection, then counseling should be given to her regarding usage of condoms to prevent infections like HIV etc., and treatment of her partner.

- **IUCD string problems**

Possible Signs/Symptoms : The woman is not able to feel the string or the string too short or too long.

Management: If the woman complains of missing strings, do a speculum examination and a bimanual examination to confirm the position of the string. If the string is not made out still, do an USG to confirm the IUCD

position. Reassure the woman that the strings are not a problem. If the woman is persistent, remove the IUCD and re-insert a new one. If the string is too long, cut it shorter. If the string is too short, removal and re-insertion of a new IUCD is done if the woman is not satisfied with reassurance.

- **Partial or Complete IUCD expulsion**:

  This may be asymptomatic or associated with one or the other symptoms like bleeding, cramping etc..

Possible Signs/Symptoms: Newly appearing irregular bleeding, cramping abdominal pain, IUCD seen expelled completely, IUCD felt in the vagina or cervix in the process of expulsion, missing string or longer strings, missed menstrual periods due to unknown pregnancy.

Management: A thorough examination is done to rule out other causes of irregular bleeding and abdomen pain. After excluding other causes, management is based on findings as below.

If complete expulsion of the IUCD is confirmed by direct visualization of the expelled IUCD or by USG or by an X-ray, then insert a fresh IUCD if the woman consents after excluding pregnancy and infection. If she is not willing for re-insert advise her other modes of contraception.

If partial IUCD expulsion of the IUCD is confirmed, then remove the IUCD and re-insert a fresh one if she consents. Otherwise advise to her another mode of contraception.

If there is difficulty in removal of the IUCD in a partial expulsion, then refer the patient to a specialist for removal.

- **Pregnancy with an IUCD in place:**

  About 1 in 3 pregnancies related to IUCD occur due to an unrecognized partial or complete expulsion of the IUCD. Rarely, failures of the IUCD can also occur.

Possible Signs/Symptoms: Missing string, shorter string, unusually short string, missed menstrual periods, signs and symptoms of pregnancy.

Management: Confirm pregnancy and the gestational age first. The next most important step is to rule out ectopic pregnancy though the incidence is very less. Ask and examine for symptoms and signs like unilateral sharp or stabbing pain, dizziness or fainting, abnormal vaginal bleeding etc. If there is strong suspicion of ectopic pregnancy, then refer her immediately to a surgical unit for emergency treatment. If she is in her second or third trimester, then refer her to a specialist.

If she is in her first trimester of pregnancy and if ectopic pregnancy is ruled out, then decision is made by the woman herself whether to remove the IUCD or not. Decision is made after counseling the woman

about the advantages and disadvantages of immediate removal of the IUCD. IUCD removal increases the risk of abortion slightly. If the IUCD is not removed, then there is a risk of infection, second trimester abortion, preterm delivery etc.

If the woman wants to remove the IUCD, then remove the IUCD if the strings are visible. If not, do an USG to exclude expulsion. If the IUCD is found intra uterine in the USG, then do not try to remove it.

If the woman does not want removal of the IUCD then continue pregnancy and provide antenatal care as per national standards. She should be closely monitored by a qualified person to look for signs and symptoms of abortion or infection such as abdomen, bleeding or fever. IUCD must be removed at the time of delivery

3.33 Routine follow-up visit postpartum

The routine postpartum care can be combined with the PPIUCD follow up care. After PPIUCD insertion, the woman is advised to return to the health facility at 6 weeks and thereafter as and when necessary.

The woman is well informed that she can approach the health facility at any time she feels necessary. If the woman is living far away from the health facility, ANM or ASHA can do the PPIUCD follow up work at their door. As described in previous sections, the woman should be asked for complaints and examined. Use of condoms should be

encouraged in order to reduce the incidence of STD. If the woman has no problem and wants to keep the IUCD, then she need not come for regular follow up.

If the woman is not satisfied or is persistently requesting for removal inspite of reassurance then remove the IUCD and advise other modes of contraception.

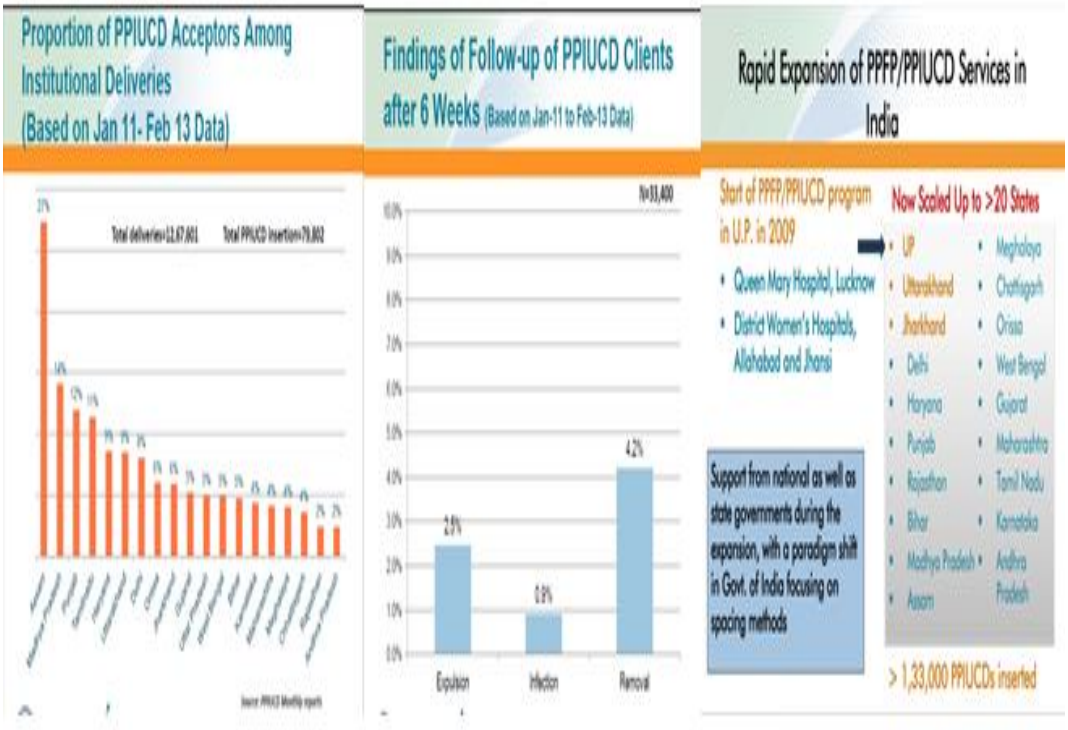


Fig 3.34 indicates the penetration of PPIUCD in India[10]

4. MATERIALS AND METHODS

This study aims at studying the safety and efficacy of CuT 380 A when inserted within 10 min after the delivery of placenta up to 48 hrs. after delivery in 500 women at the Institute of Obstetrics and Gynecology, Egmore, Chennai irrespective of maternal age, risk factors and mode of delivery (vaginal/C Section). A specially designed proforma is used to collect data from 500 women who got ppiucd inserted which includes patient's particulars, time of counseling, type of ppiucd insertion, instruments used for insertion etc. Patients are followed up at the end of 6 weeks and 6 month and the findings are analyzed

4.1. Methods of data collection:

4.1.1. Setting: Institute of Obstetrics and Gynecology, Egmore, Chennai-600008

4.1.2. Study design: Prospective study

4.1.3. Period from March 2014 to Sep 2014

4.1.4. Inclusion criteria:

- Prior consent obtained for CuT insertion after counseling
- Women willing for CuT insertion and follow up

4.1.5 Exclusion Criteria:

- Severe postpartum sepsis
- Severe uncontrolled postpartum hemorrhage
- Anomalous uterus
- Patient's refusal

4.1.6 Methodology:

A specially designed modified pro-forma (See Annex for actual form used) from PPIUCD reference manual is used to collect data from 500 women who got Cu T 380A inserted post placental (labour natural and intra cesarean), which includes patient's particulars, type of insertion, type of follow up, findings at follow up (expulsion, infection, missing threads, other complaints or no complaints), actions taken for complaints and reasons for removal or discontinuation

4.1.7 Procedure:

PPIUCD was inserted for women who consented. They were followed up either at the clinic or over phone. They were asked for complaints like excessive bleeding, abdomen pain, missing strings, white discharge etc. In case of missing strings, per speculum examination and USG examination are done to confirm the position of the IUCD. In case of expulsion of the IUCD, women were motivated for re-insertion and

those not willing were advised another mode of contraception. Those who wanted to remove the IUCD for issues like bleeding, abdomen pain, social myths etc., were reassured. IUCD removal was done for those who persistently insisted on removal and the reasons for removal are analyzed

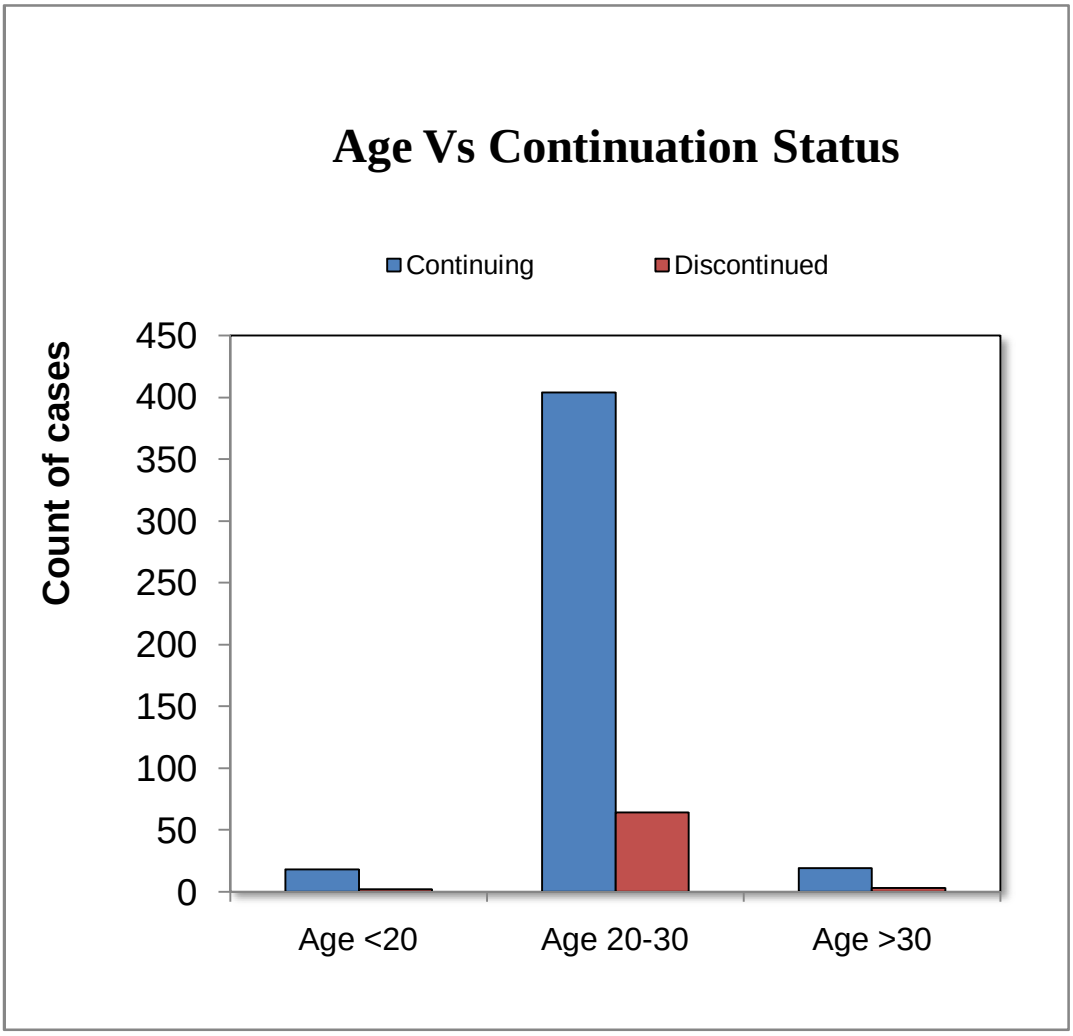
4.1.8 Ethical clearance:

Ethical clearance was obtained from Madras Medical College, Chennai. An informed consent (see below) was obtained from the women after explaining the method or procedure, including its characteristics, possible risks and side effects. Voluntary participation was encouraged including the right to decline or to withdraw from participation at any time they wish to do so. Women were explained about high expulsion rates and instructed to return for re-insertion or for another method if they noticed expulsions. For those who declined PPIUCD insertion, other forms of postpartum family planning methods were advised.

5. RESULTS AND OBSERVATION

A total 510 women who consented for PPIUCD inserted were followed-up at 6 weeks and 6 months for complains. At the Institute of Obstetrics and Gynecology, Chennai the total number of deliveries per month was around ~1000 of which PPIUCD coverage was for 60% i.e. 600 cases (50% post-placental and 50% intra-caesarean)

5.1. Age Distribution vs. Continuation Status



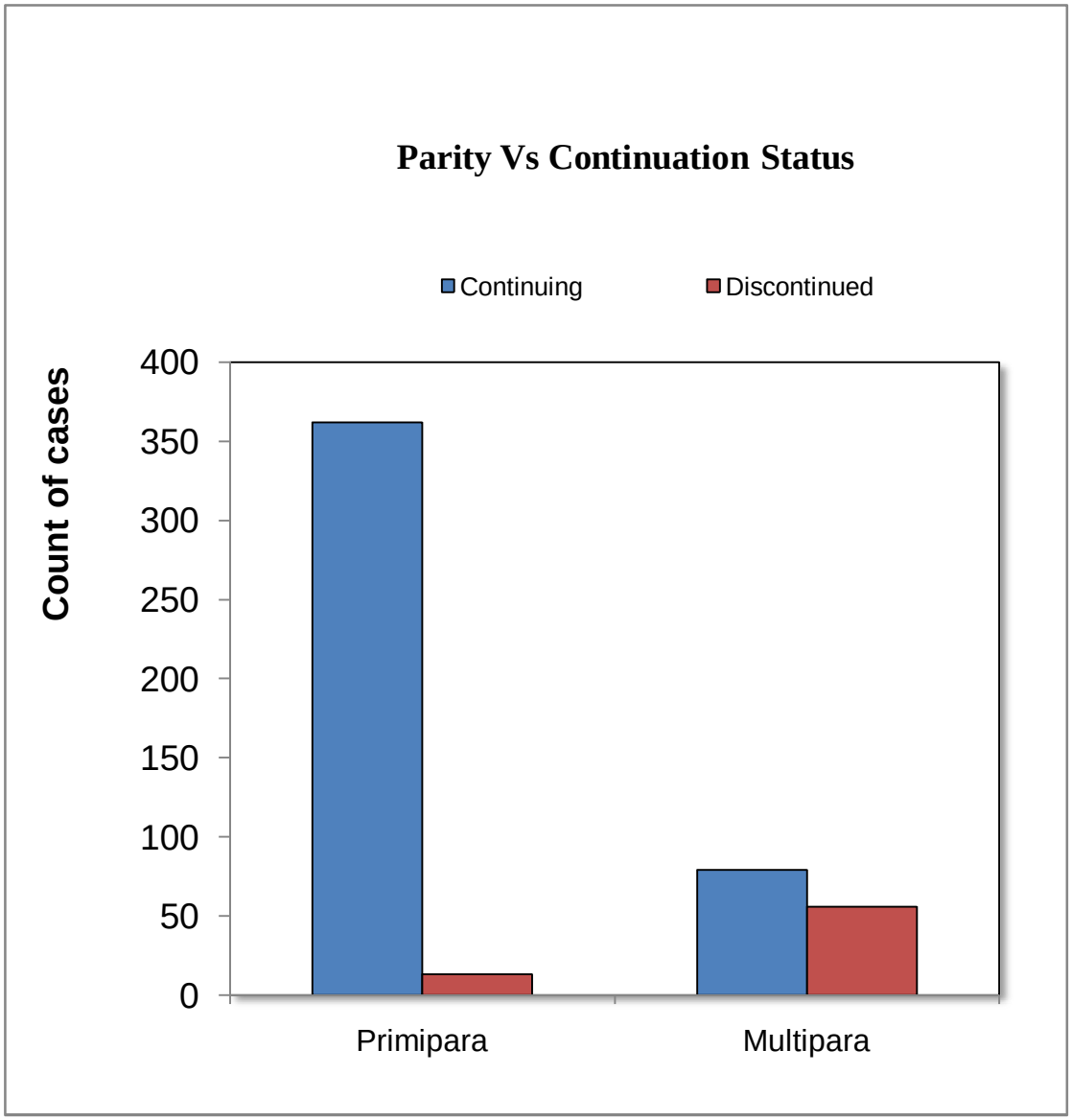
		Continuation Status		
		Continuing	Dis-Continued	Total
Age < 20 years	Count	18	2	20
	% within Age group	90.0%	10.0%	100.0%
	% within Continuing	4.1%	2.9%	3.9%
	% of Total	3.5%	.4%	3.9%
Age 20-30 years	Count	404	64	468
	% within Age group	86.3%	13.7%	100.0%
	% within Continuing	91.6%	92.8%	91.8%
	% of Total	79.2%	12.5%	91.8%
Age > 30 years	Count	19	3	22
	% within Age group	86.4%	13.6%	100.0%
	% within Continuing	4.3%	4.3%	4.3%
	% of Total	3.7%	.6%	4.3%
Total	Count	441	69	510
	% within Age group	86.5%	13.5%	100.0%
	% within Continuing	100.0%	100.0%	100.0%
	% of Total	86.5%	13.5%	100.0%

	Value	Asymp. Sig. (2-sided)
Pearson Chi-Square	.222a	.895

Interpretation:

Total PPIUCD inserted was 510, among these Age < 20 years constitutes 3.9%, and 20-30 years constitutes 91.8% and 30 + years constitutes 4.3%. Of the 510 inserts, 441(86.5%) are continuing while 69 (13.5%) have discontinued. Of this 69, 2.9% are from the <20 years age group, 92.8% are from the 20-30 years age group and the remaining 4.3% are from 30+ years age group

5.2. Parity Distribution vs. Continuation Status



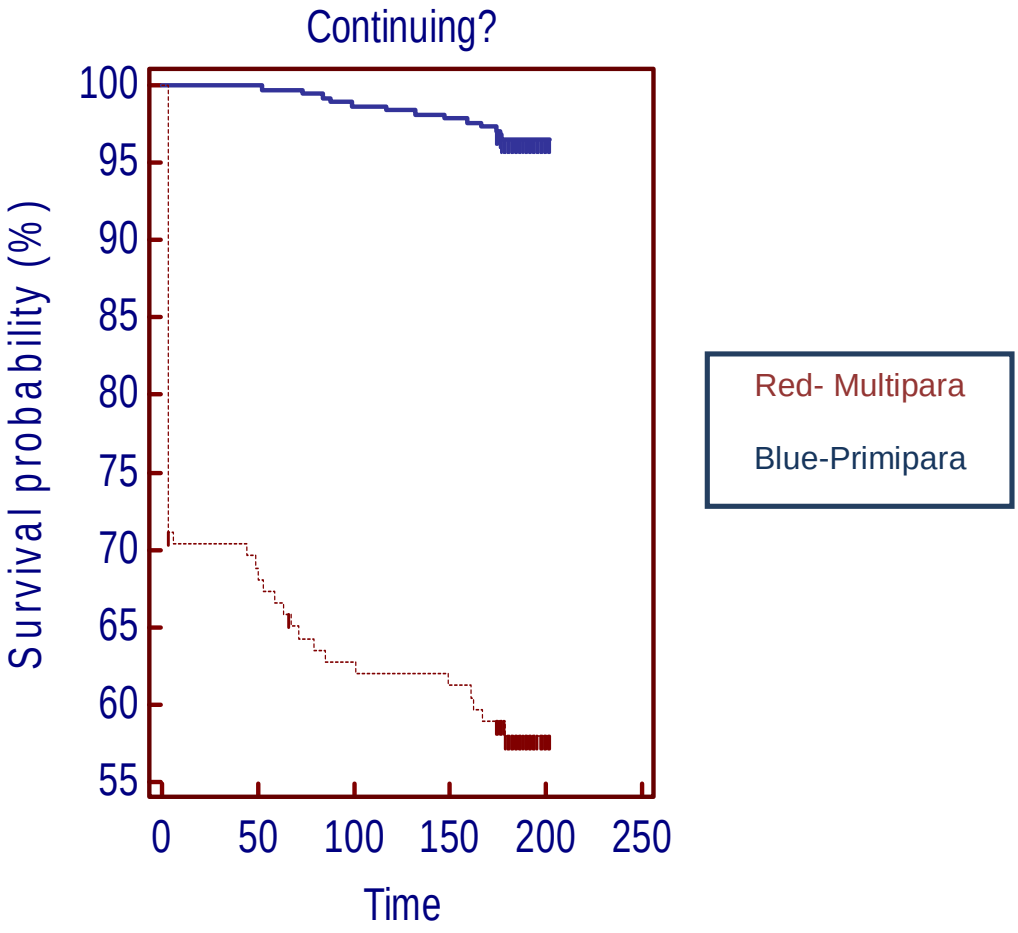
		Continuation Status		
		Continuing	**Dis-Continued**	**Total**
Primipara	Count	362	13	375
	% within Parity group	96.5%	3.5%	100.0%
	% within Continuing	82.1%	18.8%	73.5%
	% of Total	71.0%	2.5%	73.5%
Multipara	Count	79	56	135
	% within Parity group	58.5%	41.5%	100.0%
	% within Continuing	17.9%	81.2%	26.5%
	% of Total	15.5%	11.0%	26.5%
Total	Count	441	69	510
	% within Parity group	86.5%	13.5%	100.0%
	% within Continuing	100.0%	100.0%	100.0%
	% of Total	86.5%	13.5%	100.0%

	Value	Asymp. Sig. (2-sided)
Pearson Chi-Square	122.618a	.000

Interpretation:

Total PPIUCD inserted was 510, among these Primipara inserts constitutes 375 (73.5 %) and multiparous constitutes 135 (26.5%). Within Primipara group 96.5% are continuing, while in the multipara group only 58.5% are continuing. **This implies that the Primipara group has a higher PPIUCD continuation rate.**

5.3. Kaplan Meier survival curve:

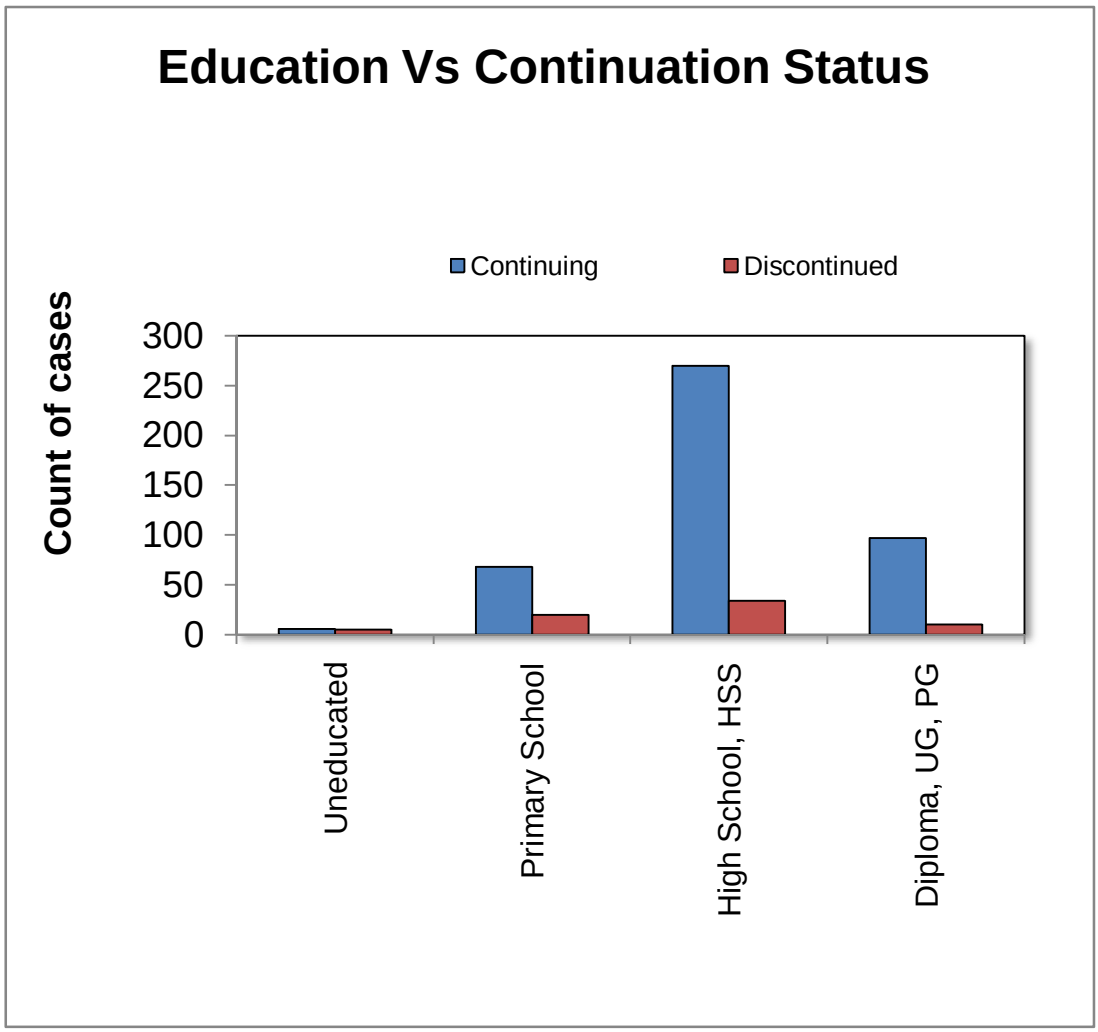


	Comparison of survival curves (Log rank test)	
Endpoint: Observed n	13.0	56.0
Expected n	53.2	15.8
Chi-square	140.1020	
DF	1	
Significance	P < 0.0001	
Hazard ratio	14.4691	
95% CI	to 25.3609	

Interpretation:

Survival probability i.e. expected likelihood of success is much higher, around six times higher, in the Primipara group (represented by 0, blue line in the chart above) as against the multipara group (represented by 1, red line in the chart above)

5.4. Education distribution vs. continuation status:



		Continuation Status		
		Continuing	**discontinued**	**Total**
uneducated	Count	6	5	11
	% within Edu Group	54.5%	45.5%	100.0%
	% within Continuing	1.4%	7.2%	2.2%
	% of Total	1.2%	1.0%	2.2%
Attended primary school	Count	68	20	88
	% within Edu Group	77.3%	22.7%	100.0%
	% within Continuing	15.4%	29.0%	17.3%
	% of Total	13.3%	3.9%	17.3%
Attended High school or HSS	Count	270	34	304
	% within Edu Group	88.8%	11.2%	100.0%
	% within Continuing	61.2%	49.3%	59.6%
	% of Total	52.9%	6.7%	59.6%
Attended Diploma, UG or PG	Count	97	10	107
	% within Edu Group	90.7%	9.3%	100.0%
	% within Continuing	22.0%	14.5%	21.0%
	% of Total	19.0%	2.0%	21.0%
Total	Count	441	69	510
	% within Edu Group	86.5%	13.5%	100.0%
	% within Continuing?	100.0%	100.0%	100.0%
	% of Total	86.5%	13.5%	100.0%

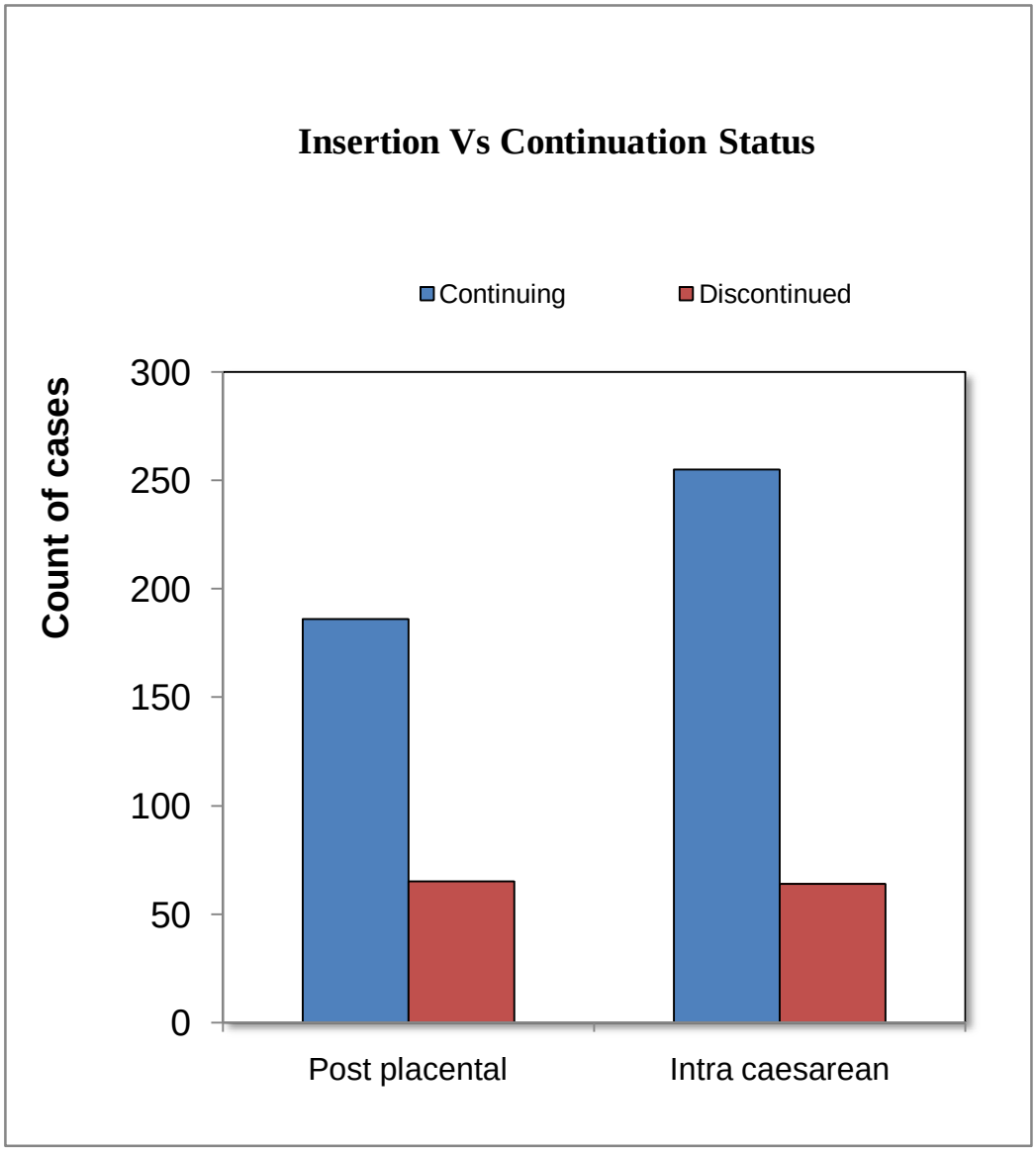
Chi-Square Tests	Value	Asymp. Sig. (2-sided)
Pearson Chi-Square	18.977a	.000

Interpretation:

Of the 510 total inserts, 11(2.2%) were uneducated, 88(17.3%) attended primary school, 304(59.6%) attended high school or higher secondary school and 107(21%) were diploma or degree (UG or PG) holders.

Within the uneducated group 54.5% are continuing, in the primary school group 77.3% are continuing, in the high school or higher secondary school group, 88.8% are continuing, in the diploma or degree holders group, 90.7% are continuing. **This implies that higher the education status, higher is the continuation rate.**

5.5. Type of insertion vs. continuation status:



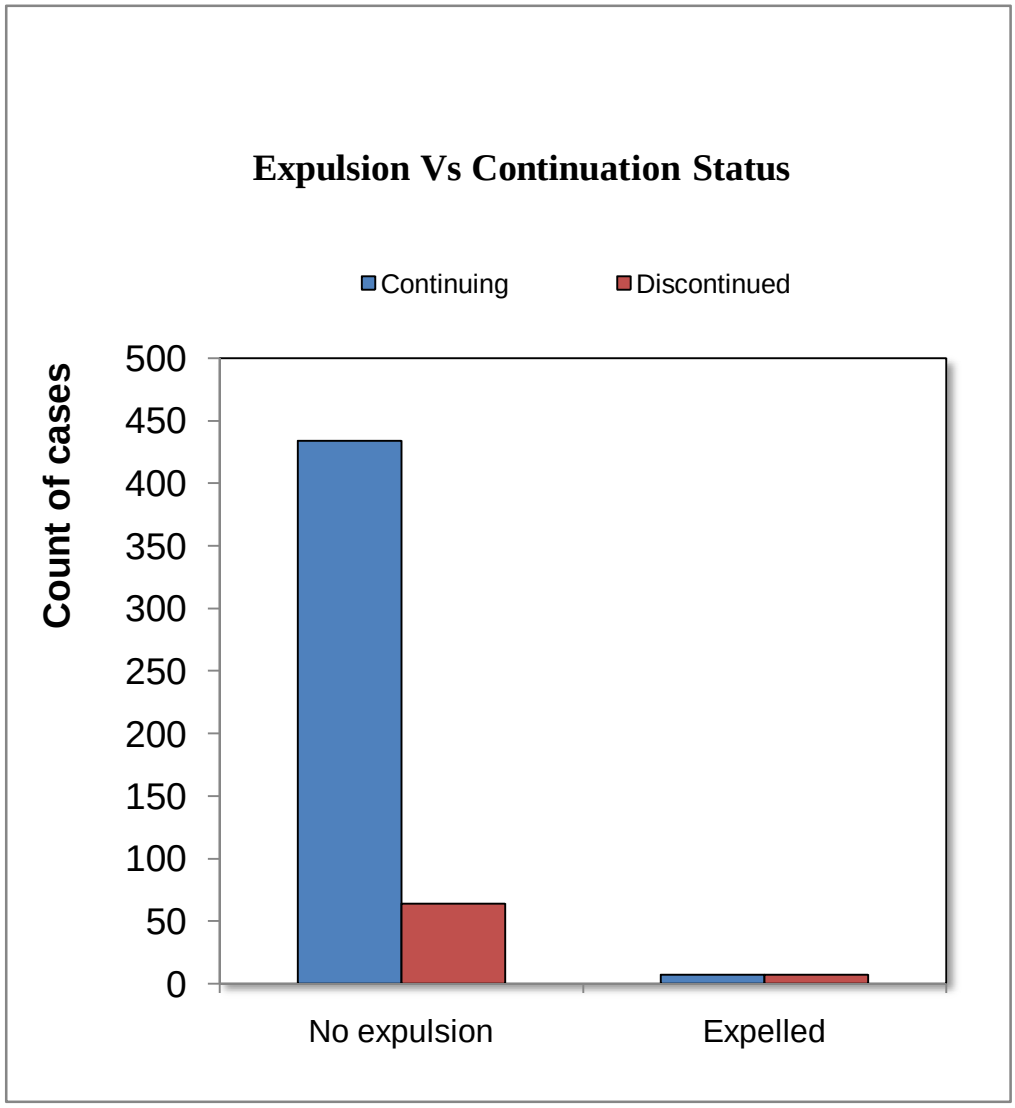
		Continuation status		
		Continuing	**Discontinued**	**Total**
Post placental	Count	186	65	251
	% within Insertion	74.1%	25.9%	100.0%
	% within Continuing	42.2%	94.2%	49.2%
	% of Total	36.5%	12.7%	49.2%
Intra cesarean	Count	255	4	259
	% within Insertion	98.5%	1.5%	100.0%
	% within Continuing	57.8%	5.8%	50.8%
	% of Total	50.0%	.8%	50.8%
Total	Count	441	69	510
	% within Insertion	86.5%	13.5%	100.0%
	% within Continuing	100.0%	100.0%	100.0%
	% of Total	86.5%	13.5%	100.0%

	Value	Asymp. Sig. (2-sided)
Pearson Chi-Square	64.614a	.000

Interpretation:

Of the total 510 inserts, 251(49.2%) were post placental (following labour natural) and 259(51.8%) were intra cesarean. Among the post placental group, 74.1% are continuing and among the intra cesarean group, 98.5% are continuing. This implies that **continuation rate is higher among the intra cesarean group**

5.6. Expulsion vs. Continuation status



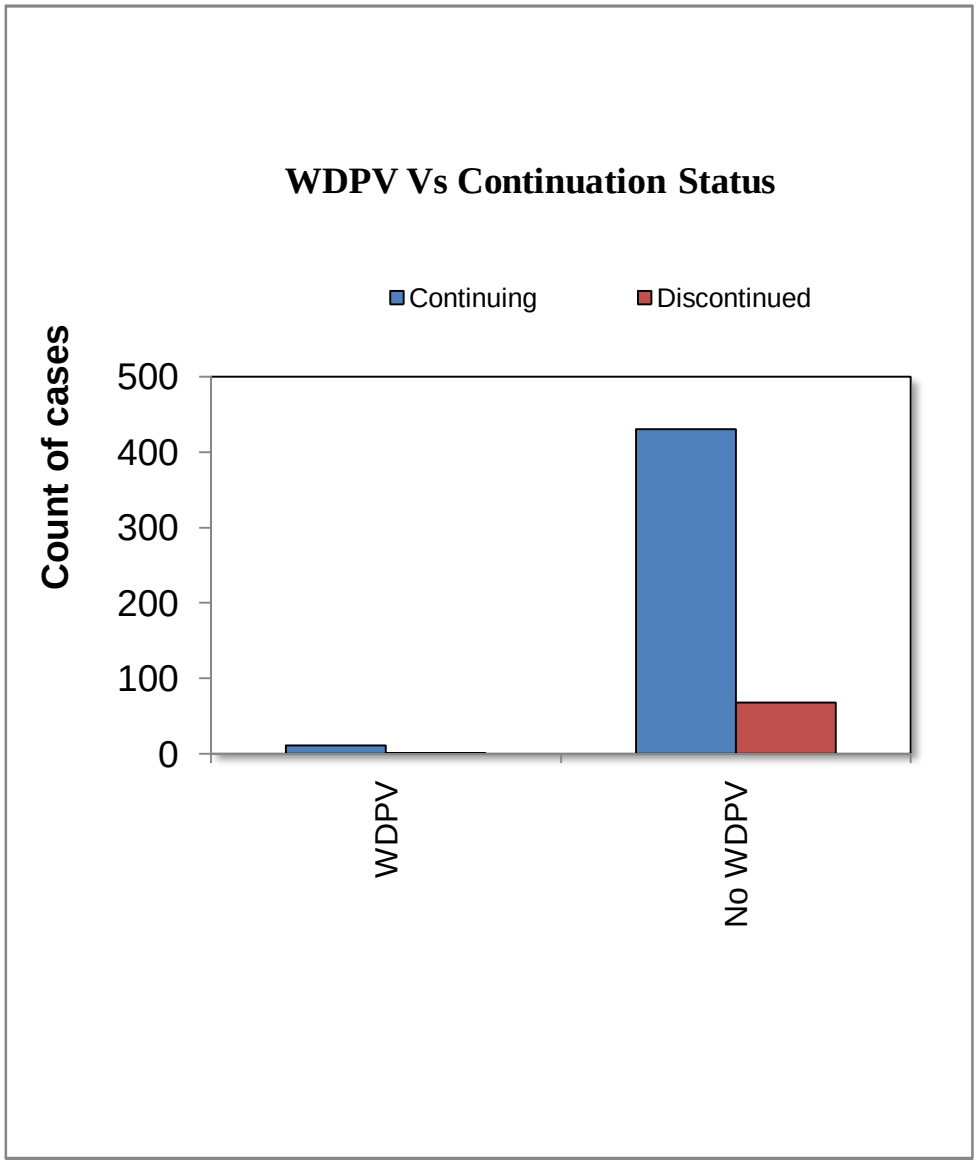
		Continuation status		Total
		Continuing	**Discontinued**	
No expulsion	Count	434	64	498
	% within Expulsion	87.1%	12.9%	100.0%
	% within Continuing	98.4%	92.8%	97.6%
	% of Total	85.1%	12.5%	97.6%
Expulsion present	Count	7	5	12
	% within Expulsion	58.3%	41.7%	100.0%
	% within Continuing	1.6%	7.2%	2.4%
	% of Total	1.4%	1.0%	2.4%
Total	Count	441	69	510
	% within Expulsion	86.5%	13.5%	100.0%
	% within Continuing	100.0%	100.0%	100.0%
	% of Total	86.5%	13.5%	100.0%

	Value	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.316a	.004

Interpretation:

Of the 510 total inserts, there were 12(2.4%) expulsions. 7(58.3%) people are continuing IUCD even after expulsion by getting a fresh insert. Remaining 5(41.7%) have discontinued usage

5.7. WDPV vs. Continuation Status



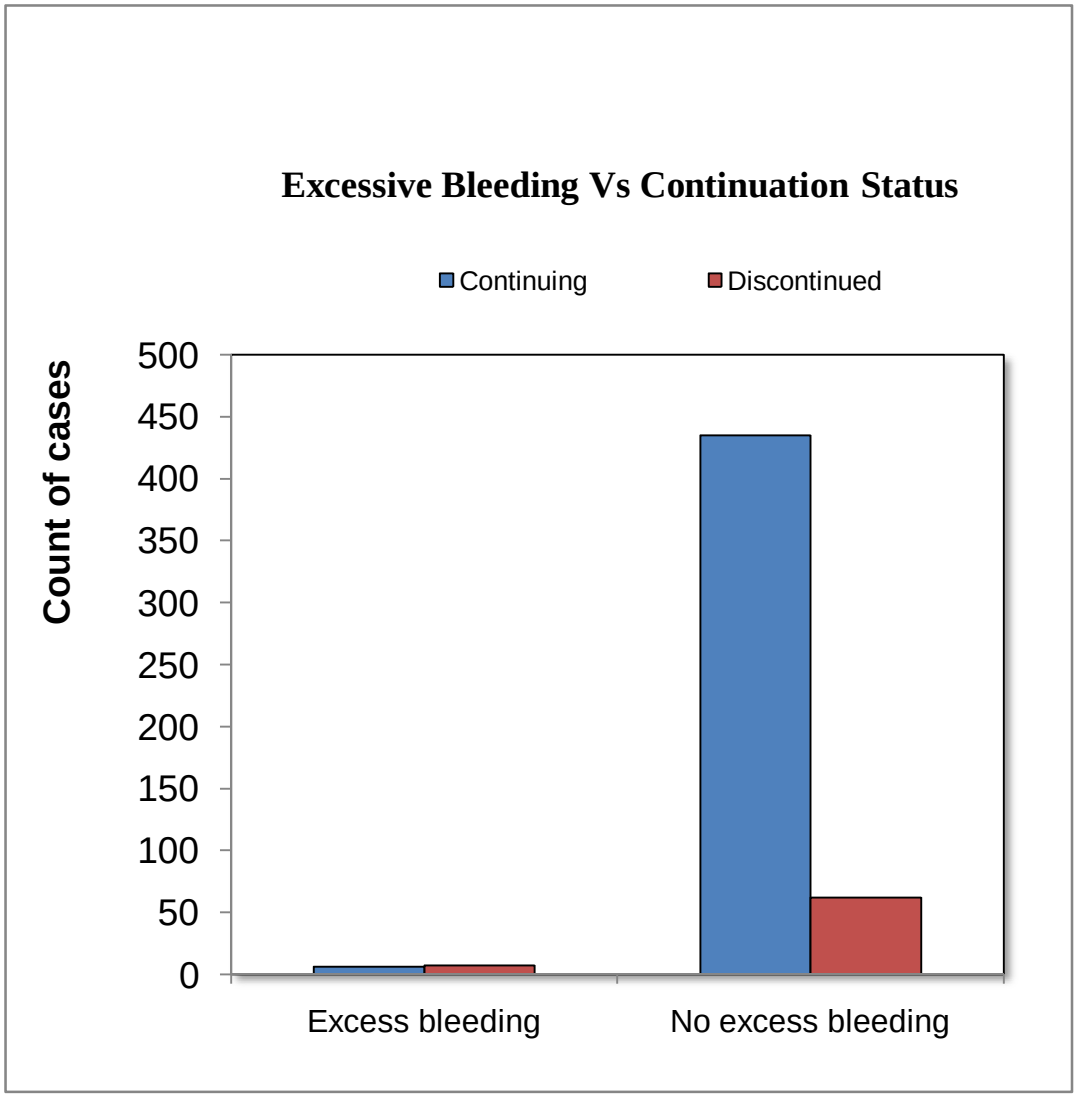
			Continuation status		Total
			Continuing	**Discontinued**	
WDPV	No	Count	430	68	498
		% within WDPV	86.3%	13.7%	100.0%
		% within Continuing	97.5%	98.6%	97.6%
		% of Total	84.3%	13.3%	97.6%
	Yes	Count	11	1	12
		% within WDPV	91.7%	8.3%	100.0%
		% within Continuing	2.5%	1.4%	2.4%
		% of Total	2.2%	.2%	2.4%
	Total	Count	441	69	510
		% within WDPV	86.5%	13.5%	100.0%
		% within Continuing	100.0%	100.0%	100.0%
		% of Total	86.5%	13.5%	100.0%

	Value	Asymp. Sig. (2-sided)
Pearson Chi-Square	.284[a]	.594

Interpretation:

Of the 510 inserts, 12(2.4%) complained of white discharge per vagina. 11(91.7%) of those who complained of WDPV are continuing IUCD while 1(8.3%) discontinued. This indicates that WDPV may not be a strong driver for IUCD removal.

5.8. Excessive Bleeding vs. Continuation Status:



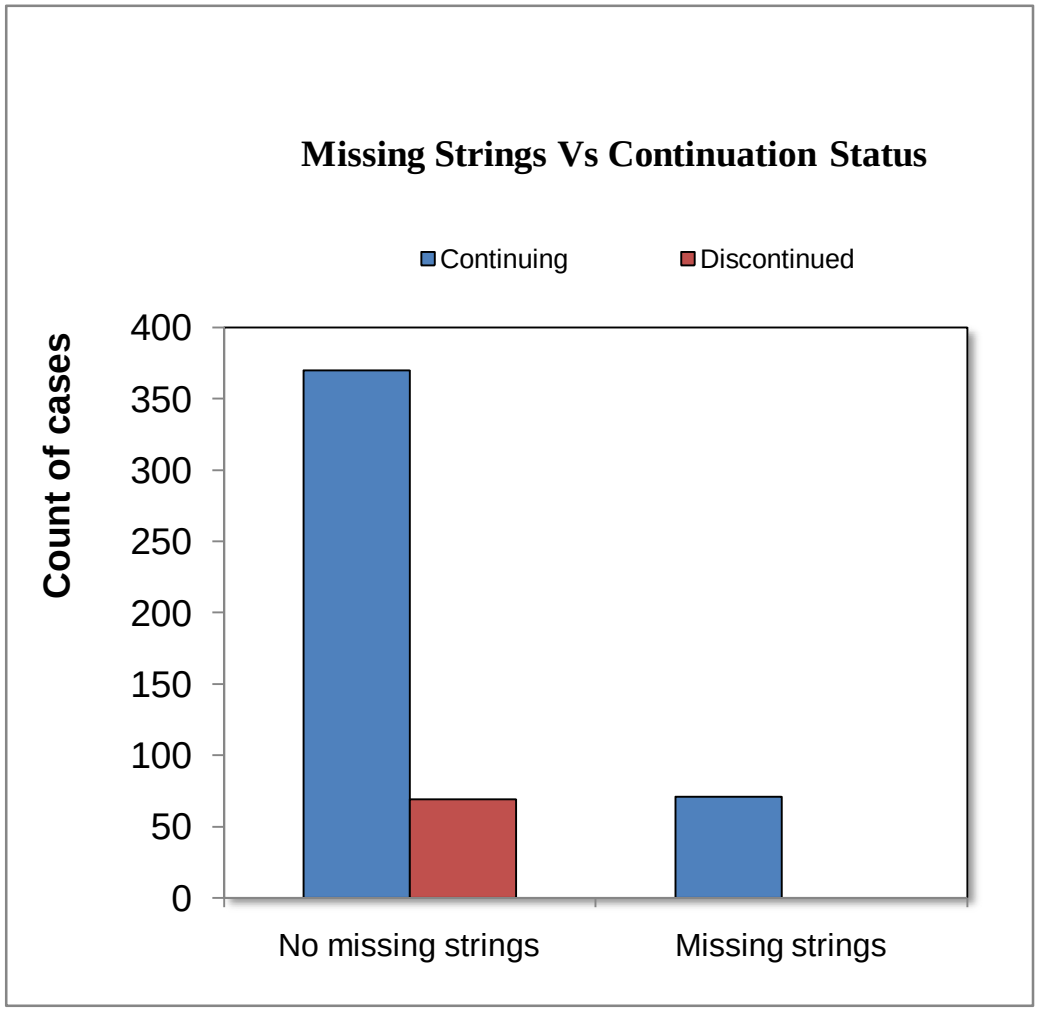
			Continuation Status		Total
			Continuing	**Discontinued**	
Excessive bleeding	No	Count	435	62	497
		% within Bleeding	87.5%	12.5%	100.0%
		% within Continuing	98.6%	89.9%	97.5%
		% of Total	85.3%	12.2%	97.5%
	Yes	Count	6	7	13
		% within Bleeding	46.2%	53.8%	100.0%
		% within Continuing	1.4%	10.1%	2.5%
		% of Total	1.2%	1.4%	2.5%
	Total	Count	441	69	510
		% within Bleeding	86.5%	13.5%	100.0%
		% within Continuing	100.0%	100.0%	100.0%
		% of Total	86.5%	13.5%	100.0%

Chi-Square Tests	Value	Asymp. Sig. (2-sided)
Pearson Chi-Square	18.534a	.000

Interpretation:

Of the 510 total inserts, 13(2.5%) complained of excessive bleeding per vagina. Among those who complained excessive bleeding PV, 6(46.2%) is continuing IUCD while the remaining 7(53.8%) has discontinued. Hence excessive bleeding is a strong reason for removal.

5.9. Missing String vs. Continuation Status:



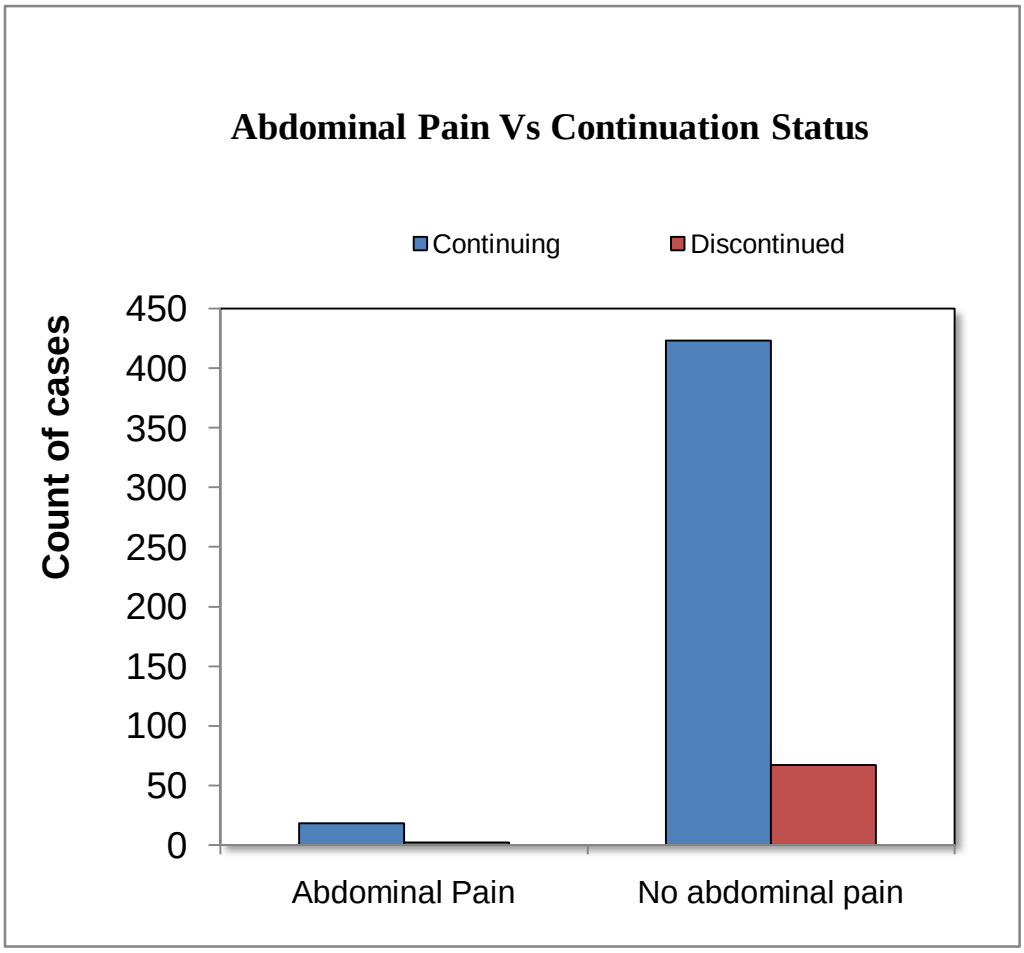
			Continuation status		
			Continuing	**Discontinued**	**Total**
Missing String	No	Count	370	69	439
		% within Missing String	84.3%	15.7%	100.0%
		% within Continuing	83.9%	100.0%	86.1%
		% of Total	72.5%	13.5%	86.1%
	Yes	Count	71	0	71
		% within Missing String	100.0%	.0%	100.0%
		% within Continuing	16.1%	.0%	13.9%
		% of Total	13.9%	.0%	13.9%
	Total	Count	441	69	510
		% within Missing String	86.5%	13.5%	100.0%
		% within Continuing	100.0%	100.0%	100.0%
		% of Total	86.5%	13.5%	100.0%

Chi-Square Tests	Value	Asymp. Sig. (2-sided)
Pearson Chi-Square	12.905a	.000

Interpretation:

Of the 510 total inserts, 71(13.9%) complained of missing strings. All the 71(100%) are continuing IUCD still. There was no discontinuation for missing strings; hence missing string isn't a strong deterrent

5.10. Abdomen pain vs. Continuation Status:



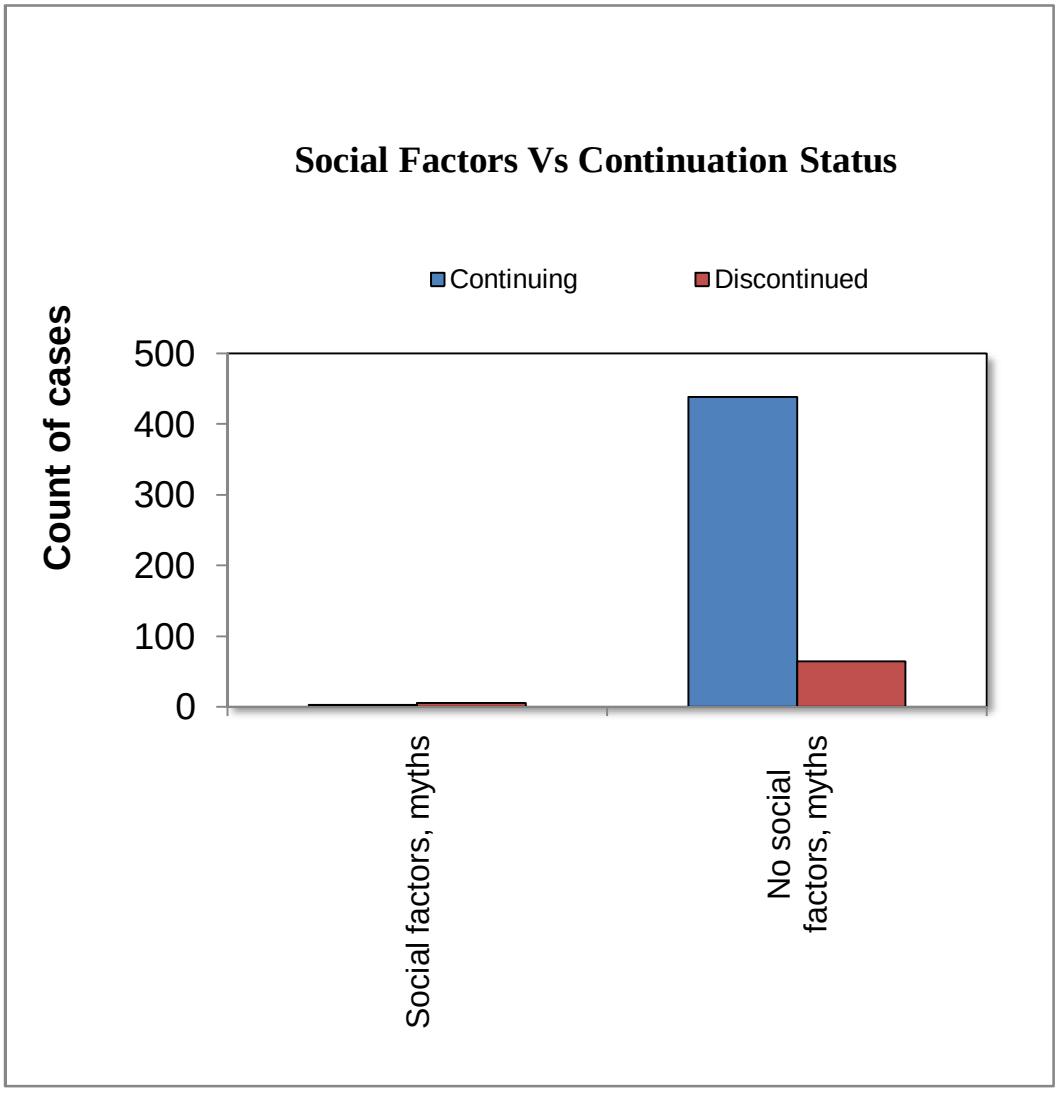
			Continuation status		
			Continuing	**Discontinued**	**Total**
Abdomen Pain	No	Count	423	67	490
		% within Pain	86.3%	13.7%	100.0%
		% within Continuing	95.9%	97.1%	96.1%
		% of Total	82.9%	13.1%	96.1%
	Yes	Count	18	2	20
		% within Pain	90.0%	10.0%	100.0%
		% within Continuing	4.1%	2.9%	3.9%
		% of Total	3.5%	.4%	3.9%
	Total	Count	441	69	510
		% within Pain	86.5%	13.5%	100.0%
		% within Continuing	100.0%	100.0%	100.0%
		% of Total	86.5%	13.5%	100.0%

Chi-Square Tests	Value	Asymp. Sig. (2-sided)
Pearson Chi-Square	.222a	.638

Interpretation:

Of the 510 total inserts, 20(3.9%) complained of abdomen pain. Among these, 18(90%) are still continuing IUCD usage and the remaining 2(10%) have discontinued. Hence abdominal pain may not be treated as a major deterrent for removal

5.11. Social Factors, Myths vs. Continuation Status:



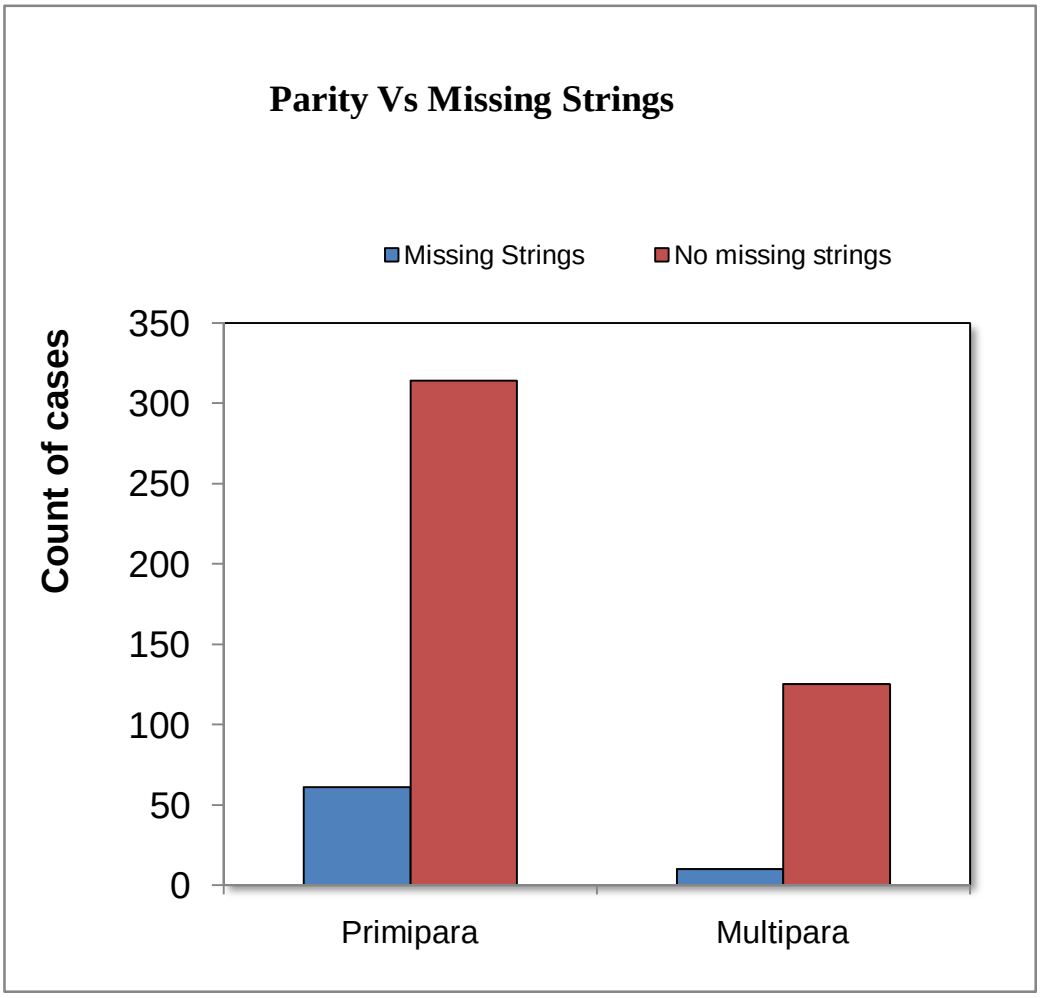
			Continuation Status		Total
			Continuing	Discontinued	
Social factors, myths	No	Count	438	64	502
		% within Social factors, myths	87.3%	12.7%	100.0%
		% within Continuing	99.3%	92.8%	98.4%
		% of Total	85.9%	12.5%	98.4%
	Yes	Count	3	5	8
		% within Social factors, myths	37.5%	62.5%	100.0%
		% within Continuing	.7%	7.2%	1.6%
		% of Total	.6%	1.0%	1.6%
	Total	Count	441	69	510
		% within Social factors, myths	86.5%	13.5%	100.0%
		% within Continuing	100.0%	100.0%	100.0%
		% of Total	86.5%	13.5%	100.0%

Chi-Square Tests	Value	Asymp. Sig. (2-sided)
Pearson Chi-Square	16.660a	.000

Interpretation:

Out of the 510 total inserts, 8(1.6%) had social factors and myths. 5(62.5%) out of 8 have removed for the same reason while the remaining 3(37.5%) are still continuing. This clearly indicates that social factors do play a strong role in the patient's decision to continue; hence the need for improved awareness.

5.12. Parity vs. Missing String



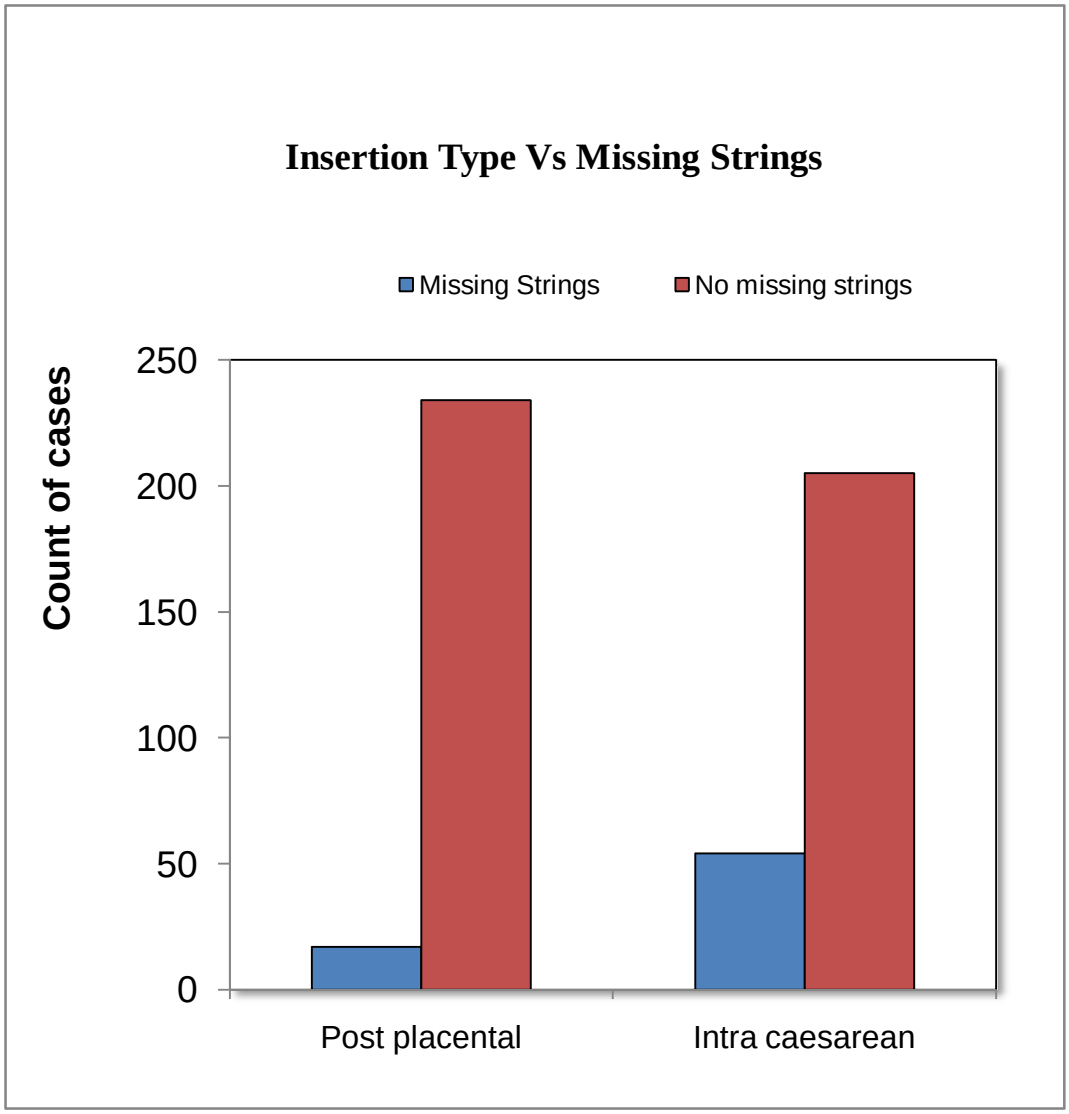
		Missing String		Total
		No	Yes	
Primipara	Count	314	61	375
	% within Parity group	83.7%	16.3%	100.0%
	% within Missing String	71.5%	85.9%	73.5%
	% of Total	61.6%	12.0%	73.5%
Multipara	Count	125	10	135
	% within Parity group	92.6%	7.4%	100.0%
	% within Missing String	28.5%	14.1%	26.5%
	% of Total	24.5%	2.0%	26.5%
Total	Count	439	71	510
	% within Parity group	86.1%	13.9%	100.0%
	% within Missing String	100.0%	100.0%	100.0%
	% of Total	86.1%	13.9%	100.0%

Chi-Square Tests	Value	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.501a	.011

Interpretation:

Out of the 510 total inserts, 71(13.9%) complained of missing strings. Out of them, 61(85.9%) were Primipara and 10(14.1%) were multipara. Hence, Primipara has a higher missing strings proportion of patients.

5.13. Type of Insertion vs. Missing String



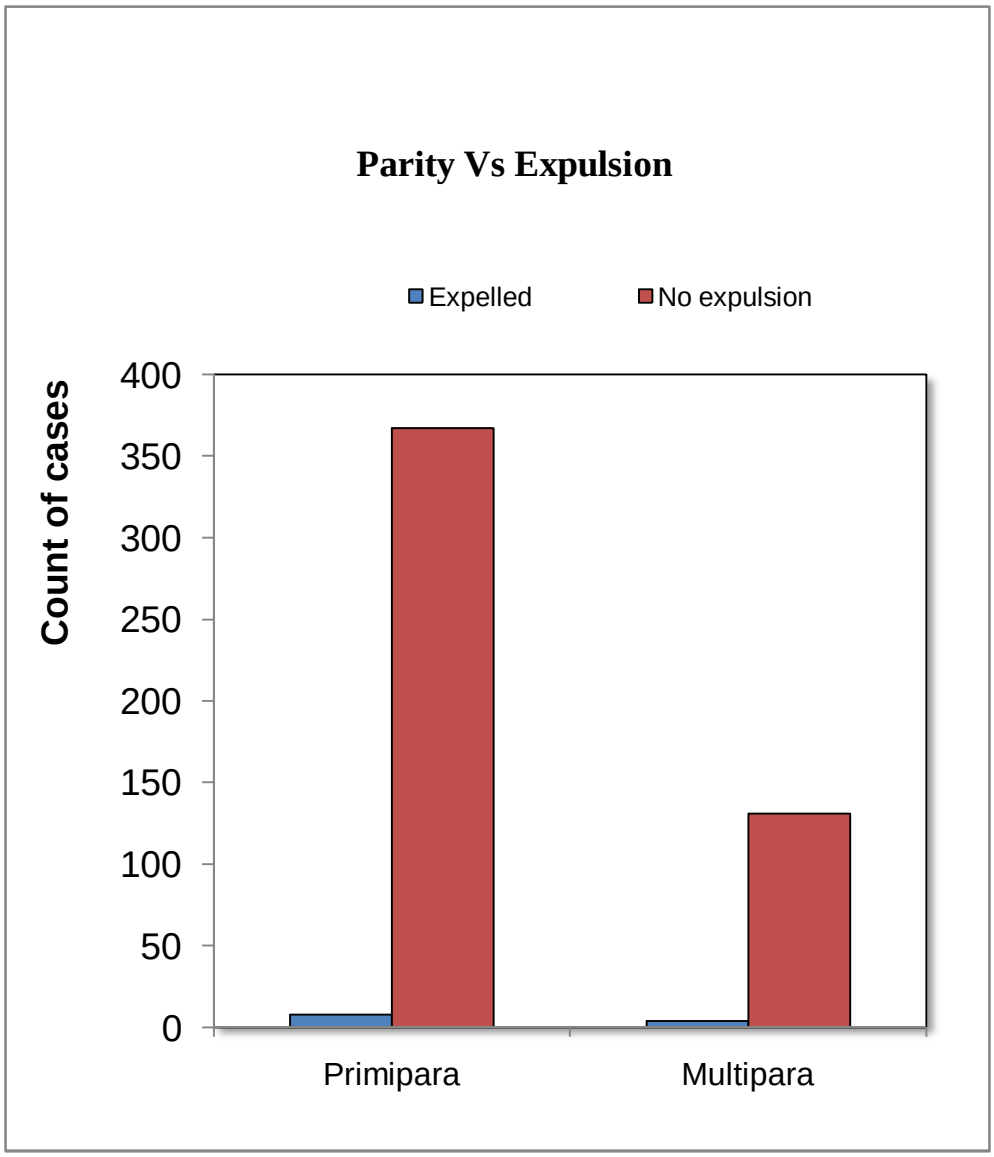
		Missing String		
		No	Yes	Total
Post placental	Count	234	17	251
	% within Insertion	93.2%	6.8%	100.0%
	% within Missing String	53.3%	23.9%	49.2%
	% of Total	45.9%	3.3%	49.2%
Intra cesarean	Count	205	54	259
	% within Insertion	79.2%	20.8%	100.0%
	% within Missing String	46.7%	76.1%	50.8%
	% of Total	40.2%	10.6%	50.8%
Total	Count	439	71	510
	% within Insertion	86.1%	13.9%	100.0%
	% within Missing String	100.0%	100.0%	100.0%
	% of Total	86.1%	13.9%	100.0%

Chi-Square Tests	Value	Asymp. Sig. (2-sided)
Pearson Chi-Square	21.077a	.000

Interpretation:

Out of the total 71 missing strings, 54(76.1%) were intra cesarean insertions and 17(23.9%) were post placental insertions. Hence intra cesarean insertions can be attributed to have higher missing strings occurrences.

5.14. Parity Group vs. Expulsion



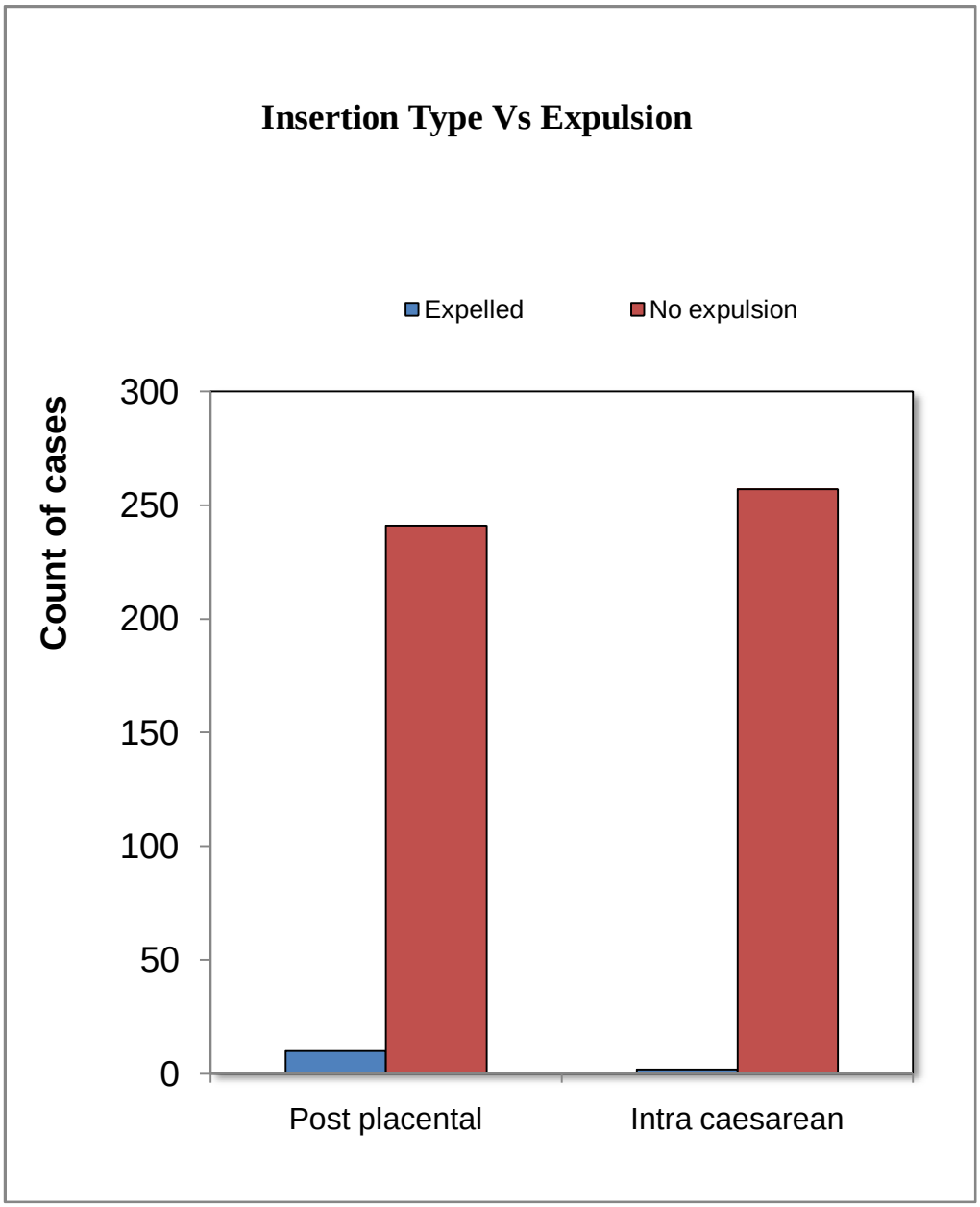
		Expulsion		
		No	**Yes**	**Total**
Primipara	Count	367	8	375
	% within Parity group	97.9%	2.1%	100.0%
	% within Expulsion	73.7%	66.7%	73.5%
	% of Total	72.0%	1.6%	73.5%
Multipara	Count	131	4	135
	% within Parity group	97.0%	3.0%	100.0%
	% within Expulsion	26.3%	33.3%	26.5%
	% of Total	25.7%	.8%	26.5%
Total	Count	498	12	510
	% within Parity group	97.6%	2.4%	100.0%
	% within Expulsion	100.0%	100.0%	100.0%
	% of Total	97.6%	2.4%	100.0%

Chi-Square Tests	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.297a	1	.586

Interpretation:

Out of the 510 total inserts, total numbers of expulsions were 12(2.4%) and the expulsion rates for Primipara and multipara within the respective groups were 2.1% and 3% respectively. Hence parity may not play a direct role in the expulsion occurrences

5.15. Type of insertion vs. Expulsion



		Expulsion		Total
		No	**Yes**	
Post placental	Count	241	10	251
	% within Insertion	96.0%	4.0%	100.0%
	% within Expulsion	48.4%	83.3%	49.2%
	% of Total	47.3%	2.0%	49.2%
Intra cesarean	Count	257	2	259
	% within Insertion	99.2%	.8%	100.0%
	% within Expulsion	51.6%	16.7%	50.8%
	% of Total	50.4%	.4%	50.8%
Total	Count	498	12	510
	% within Insertion	97.6%	2.4%	100.0%
	% within Expulsion	100.0%	100.0%	100.0%
	% of Total	97.6%	2.4%	100.0%

Chi-Square Tests	Value	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.723a	.017

Interpretation:

Out of the 12 total expulsions, post-placental insertions group had a higher expulsion rate of 83.3%, while the intra cesarean insertions group had a lower expulsion rate of 16.7%. This indicates that **post-placental type of insertion might be more prone to expulsions** as against the intra-caesarean type

6. DISCUSSION

Out of the total 510 IUCD insertions, maximum (91.8%) insertions were for people between 20-30 years age group. Continuation and discontinuation rates are almost the same in all the age groups. Of the 510 inserts, 441(86.5%) are continuing while only 69 (13.5%) have discontinued. The removal percentage also includes people who have discontinued because they underwent permanent sterilization.

In our study, Primipara insertions (73.5%) were higher compared to multipara insertions (26.5%). Continuation rate is higher among Primipara (96.5%) than multipara (58.5%). This is due to the fact that multipara under-go permanent sterilization in the form of puerperal sterilization or interval sterilization (after 42 days). And Primipara were willing for spacing before next childbirth.

According to Thomas et al The World Bank Economic Review, women who were educated were about twice likely to use modern contraceptive methods when compared to women who did not complete primary level of education. In our study, continuation and discontinuation rates were almost the same in uneducated people. Higher the education level, higher was the continuation rate. Continuation rate within primary school level was 77.3%, within high school or higher secondary school level was 88.8% and within diploma and degree holders were 90.7%.

In our study, post placental and intra cesarean insertions were almost

equal. Highest continuation rate (98.5%) is seen among intra cesarean insertions. The expulsion rate was only 2.4%. Parity has no relationship to expulsion rate. Likewise, maximum expulsions occurred following post placental insertions (4%) when compared to only 0.8% expulsions in the intra cesarean insertions. Chi et al study also suggested insertions at cesarean delivery showed low expulsion rates.

Among those who got their IUCD expelled, 58.3% (almost 3/5th) were willing for re-insertion of IUCD. The remaining either underwent permanent sterilization or followed other modes of family planning. There were no serious complications in our study. The major complaints among PPIUCD users were

1) White discharge per vagina (2.4%)
2) Excessive bleeding per vagina (2.5%)
3) Social factors and myths (1.6%)
4) Abdomen pain (3.9%)

But, in our study, only 8.3% of those complained of white discharge per vagina, 10% of those complained of abdomen pain, 53.8% of those who complained of excessive bleeding per vagina and 62.5% of those who had social factors and myths removed the IUCD for the same reasons. The rest of them were continuing IUCD. They were either reassured or treated for their complaints. Hence, removal rate is very less.

In our study, majority of patients removed PPIUCD for the purpose of

undergoing permanent sterilization. After excluding them, maximum removals were for the complaints of excessive bleeding, followed by social factors and myths, abdomen pain and white discharge per vagina.

Missing strings rate is higher in PPIUCD. Out of the total 510 inserts, those who complained of missing strings were 71(13.9%). During follow up, the position of the IUCD is confirmed by ultra-sonogram or the position of the strings is confirmed by per speculum examination. During most of the times, the strings had coiled back and remained in the cervix or upper vagina. For those whose strings could not be found by per vaginal or per speculum examination, ultra-sonogram was used to confirm their position and the patients were reassured that their IUCD was in place and that the strings could come down, given some more time. Mostly the strings would be visible by 6 weeks. Most missing strings were reported following intra cesarean insertions (76.1%). And Primipara (85.9%) insertions reported the highest missing strings. There were no removals for the complaint of missing string. There was no perforation or misplaced IUCD reported.

7. CONCLUSION

Provision of IUCD in the immediate postpartum period offers an effective and safe method for spacing and limiting births. Taking advantage of the immediate postpartum period for counseling on family planning, IUCD is a good option as a contraceptive method. The increased institutional deliveries are the opportunity to provide women easy access to immediate PPIUCD services. The popularity of immediate post-partum IUCD insertion in countries as diverse as China, Mexico, and Egypt support the feasibility of this approach. PPIUCD has a huge potentiality and abundant scope in India and if widely used, it will have a strong impact on the population control and will prevent unplanned pregnancy and its squeal

- Overall PPIUCD was found to be a successful method for contraception, as we've had very high continuation rates 87%, excluding those that have got permanent contraception. If we include the group that had gotten permanent contraception in place of PPIUCD the continuation rate rises to 97%.
- No pregnancy reported nor is uterine perforations or misplaced IUCD. Also expulsion rates were less than 3%. Hence PPIUCD is proven again to be a safe and efficient mechanism

- With regards to safety and side-effects <9% had reported with problems pertaining to WDPV, excessive bleeding or pain. Hence can PPIUCD be concluded as a safe medium of contraception.

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9. ANNEXURES

Pro-forma

1) NAME
2) AGE
3) IP NO
4) PARITY
5) EDUCATION
6) RELIGION
7) DATE OF DELIVERY
8) TIME OF COUNSELLING:
   a) ANC
   b) Early labour
   c) Post-partum period
9) TYPE OF INSERTION:
   a) Within 10min
   b) Intra cesarean
10) TYPE OF FOLLOW UP:
   a) Clinic
   b) Phone
11) EXPULSION STATUS:
   a) 0–3 months
   b) 3-6 months
   c) > 6 months
12) OTHER FINDINGS:
   a) Missing string
   b) Not seen in usg
   c) Misplaced
   d) Infection
   e) WDPV
   f) Bleeding
   g) Pain abdomen
   h) Social factors and myths
13) REMOVAL STATUS:
   a) 0-3 months
   b) 3-6 months
   c) 6months-1year
14) NO COMPLAINTS AND CONTINUING:

Patient Consent Form

A STUDY ON THE SAFETY AND EFFICACY OF PPIUCD INSERTION

INSTITUTION : Institute of Obstetrics and Gynecology, Egmore, Chennai

Name: **Date :**

Age : **IP No.:**

Sex : **RCC No.:**

I have been clearly explained about the method of PPIUCD insertion and the need for follow up. The benefits, side effects and failure rates of Cu T have been explained to me in my own language.

I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my participation in the is voluntary and that I am free to withdraw at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected.

I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purposes.

I have been given an information sheet giving details of the study. I fully consent to participate in the above study.

Researcher`s signature** **Patient`s signature

Date : Date :

Information sheet

- We are conducting a study on the Safety and Efficacy of copper T insertion in the immediate postpartum period among patients attending Institute of Obstetrics and Gynecology, Egmore, Chennai and for that your co-operation may be valuable to us.
- We will insert a copper T after your full consent and then you will be followed up after 6 weeks. The details that we collect from you will be evaluated.
- The privacy of the patients in the research will be maintained throughout the study. In the event of any publication or presentation resulting from the research, no personally identifiable information will be shared.
- Taking part in this study is voluntary. You are free to decide whether to participate in this study or to withdraw at any time. Your decision will not result in any loss of benefits to which you are otherwise entitled.
- The result of the special study may be intimated to you at the end of the study period or during the study if anything is anything is found abnormal which may aid in the management or treatment.

Signature of the Participant **Signature of the Investigator**

Date : Date :

ஆராய்ச்சி தகவல் தாள்

ஆராய்ச்சி தலைப்பு

குழந்தை பிறந்தவுடன் பொருத்தும் காப்பர்-டி யின் பாதுகாப்பு மற்றும் திறன்

சென்னை எழும்பூரில் உள்ள அரசு மகப்பேறு மருத்துவமனையில் குழந்தை பிறந்தவுடன் பொருத்தும் காப்பர்-டி யின் பாதுகாப்பு மற்றும் திறன் குறித்த ஆராய்ச்சி நடைபெறுகிறது. இந்த ஆராய்ச்சியில் பங்கேற்பதற்கு எந்த கட்டணத்தொகையும் பெறப்படமாட்டாது.

உங்கள் முழு சம்மதத்துடன் காப்பர்-டி பொருத்தி பின்னர் 6 வாரங்கள் கழித்து உங்களிடமிருந்து சில தகவல்களைப் பெறுவோம். அதனடிப்படையில் காப்பர்-டி யின் நன்மைகள் மற்றும் தீமைகள் ஆராயப்படும்.

நீங்களும் இந்த ஆராய்ச்சியில் பங்கேற்க நாங்கள் விரும்புகிறோம். இந்த ஆராய்ச்சியில் உங்களுக்கு பரிசோதனைகள் செய்து அதன் தகவல்களை ஆராய்வோம். அதனால் தங்களது நோயின் ஆய்வறிக்கையோ அல்லது சிகிச்சையோ பாதிப்பு ஏற்படாது என்பதையும் தெரிவித்துக்கொள்கிறோம்.

முடிவுகளை அல்லது கருத்துகளை வெளியிடும்போதோ அல்லது ஆராய்ச்சியின் போதோ தங்களது பெயரையோ அல்லது அடையாளங்களையோ வெளியிட மாட்டோம் என்பதையும் தெரிவித்துக் கொள்கிறோம்.

இந்த ஆராய்ச்சியில் பங்கேற்பது தங்களுடைய விருப்பத்தின் பேரில் தான் இருக்கிறது. மேலும் நீங்கள் எந்நேரமும் இந்த ஆராய்ச்சியிலிருந்து பின்வாங்கலாம் என்பதையும் தெரிவித்துக் கொள்கிறோம்.

இந்த சிறப்பு சிகிச்சையின் முடிவுகளை ஆராய்ச்சியின்போது அல்லது ஆராய்ச்சியின் முடிவின் போது தங்களுக்கு அறிவிக்கப்படும் என்பதையும் தெரிவித்துக் கொள்கிறோம்.

.....	.....	.....
நோயாளியின் பெயர்	கையொப்பம்	தேதி
.....	.....	.....
ஆராய்ச்சியாளரின் பெயர்	கையொப்பம்	தேதி

ஆராய்ச்சி ஒப்புதல் கடிதம்

ஆராய்ச்சி தலைப்பு

குழந்தை பிறந்தவுடன் பொருத்தும் காப்பர்-டி யின் பாதுகாப்பு மற்றும் திறன்

பெயர்	:	தேதி	:
வயது	:	உள் நோயாளி எண்	:
பால்	:	ஆராய்ச்சி சேர்க்கை எண்	:

இந்த ஆராய்ச்சியின் விவரங்களும் அதன் நோக்கங்களும் முழுமையாக எனக்கு தெளிவாக விளக்கப்பட்டது.

எனக்கு விளக்கப்பட்ட விஷயங்களை நான் புரிந்துகொண்டு எனது சம்மதத்தை தெரிவிக்கிறேன்.

காப்பர்-டி பொருத்திக்கொள்ளும் முறை மற்றும் ஆறு வாரம் கழித்து மருத்துவரை அணுகவேண்டிய முக்கியத்துவம் ஆகியவற்றை தெளிவாக அறிந்துகொண்டேன். காப்பர்-டி யினால் ஏற்படும் நன்மைகள், பாதிப்புகள் மற்றும் செயலிழக்கும் விகிதம் ஆகியவை தெளிவாக அறிந்துகொண்டு காப்பர்-டி பொருத்திக்கொள்ள சம்மதிக்கிறேன்.

இந்த ஆராய்ச்சியில் பிறரின் நிர்பந்தமின்றி என் சொந்த விருப்பத்தின்பேரில் பங்கு பெறுகின்றேன். இந்த ஆராய்ச்சியில் இருந்து நான் எந்நேரமும் பின்வாங்கலாம் என்பதையும் அதனால் எந்த பாதிப்பும் ஏற்படாது என்பதையும் நான் புரிந்துகொண்டேன்.

நான் இந்த ஆராய்ச்சியின் விபரங்களைக் கொண்ட ஆராய்ச்சித் தகவல் தாளைப் பெற்றுக் கொண்டேன்.

நான் என்னுடைய சுய நினைவுடனும் மற்றும் முழு சுதந்திரத்துடனும் இந்த மருத்துவ ஆராய்ச்சியில் என்னை சேர்த்துக்கொள்ள சம்மதிக்கிறேன்.

கையொப்பம்

INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE, CHENNAI-3

EC Reg No.ECR/270/Inst./TN/2013
Telephone No : 044 25305301
Fax : 044 25363970

CERTIFICATE OF APPROVAL

To
Dr. S. Jaya Mangala,
Post Graduate,
Institute of Obstetrics & Gynaecology,
Madras Medical College,
Chennai – 600003.

Dear Dr. S. Jaya Mangala,

The Institutional Ethics Committee of Madras Medical College, reviewed and discussed your application for approval of the proposal entitled **"Safety and efficacy of copper-T insertion in the immediate postpartum period"** No.13042014

The following members of Ethics Committee were present in the meeting held on 08.04.2014 conducted at Madras Medical College, Chennai-3.

1.	Dr. C. Rajendran, M.D.	-- Chairperson
2.	Prof. Kalaiselvi, MD Vice-Principal, MMC, Ch-3	-- Member Secretary
3.	Prof. Nandhini, M.D. Inst. of Pharmacology, MMC, Ch-3.	-- Member
4.	Prof. Bhavani Shankar, M.S. Prof & HOD of General Surgery, MMC, Ch-3.	-- Member
5.	Prof. V. Padmavathi, M.D. I/c Directory of Pathology, MMC, Ch-3.	-- Member
6.	Thiru. S. Govindasamy, BA., BL	-- Lawyer
7.	Tmt. Arnold Saulina, MA MSW	-- Social Scientist
8.	Thiru. S.Rameshkumar Administrative Officer, MMC, Ch-3.	-- Lay Person

We approve the proposal to be conducted in its presented form.

Sd/Chairman & Other Members

The Institutional Ethics Committee expects to be informed about the progress of the study, and SAE occurring in the course of the study, any changes in the protocol and patients information / informed consent and asks to be provided a copy of the final report.

10/6/14

Member Secretary, Ethics Committee

MEMBER SECRETARY
INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE
CHENNAI-600 003

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"PROSPECTIVE STUDY TO ASSESS THE SAFETY AND EFFICACY OF
CuT 380 A IN THE IMMEDIATE POSTPARTUM PERIOD

BY

Dr. S. JAYA MANGALA

Dissertation submitted to the

The Tamilnadu Dr. MGR MEDICAL UNIVERSITY, CHENNAI

In partial fulfillment of the requirements for the degree of

MASTER OF SURGERY

In

Obstetrics and Gynecology

Under the guidance of

Dr. GEETHA PRASAD M.D., D.G.O

INSTITUTE OF OBSTETRICS AND GYNECOLOGY

MADRAS MEDICAL COLLEGE

2012-2015

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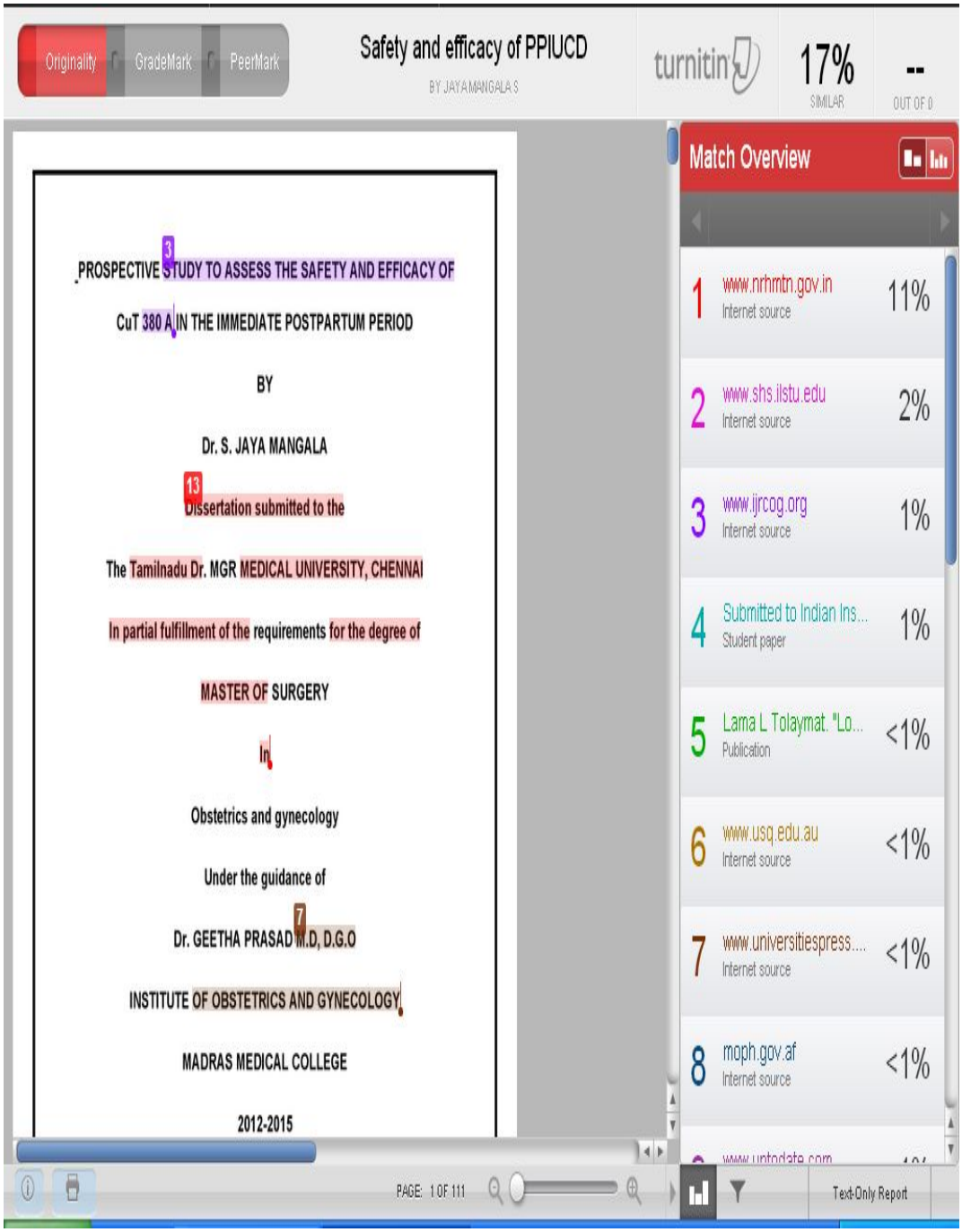
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BY
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Dissertation submitted to the
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Dr. GEETHA PRASAD M.D, D.G.O
INSTITUTE OF OBSTETRICS AND GYNECOLOGY,
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MASTER CHART

SI	NAME	AGE	IP NO	PARITY	EDUCATION	RELIGION	DATE OF DELIVERY	TIME OF COUNSELLING	TYPE OF INSERTION	TYPE OF FOLLOW UP	EXPULSION STATUS	OTHER FINDINGS	REMOVAL STATUS:	CONTINUING	COMMENTS
1	uma	23	4402	3	HSS	Hindu	1.3.14	Post Partum	<10 min	phone	Nil	pain abdomen	0-3 months	No	underwent interval TAT
2	shanthi	21	4398	1	HSS	Hindu	1.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
3	gomathi	27	4398	1	UG	Hindu	1.3.14	Post Partum	<10 min	clinic	Nil		Nil	Yes	no complaints
4	vijaya lakshmi	24	4382	1	HSS	Hindu	1.3.14	ANC	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
5	rajeshwari	22	4416	2	UG	Hindu	1.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent interval TAT
6	tamilselvi	20	4324	1	Primary	Hindu	1.3.14	Post Partum	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
7	poongothai	29	4261	1	Uneducated	Hindu	1.3.14	Post Partum	intra-ceasarean	clinic	Nil		Nil	Yes	no complaints
8	mohana priya	24	4419	2	HSS	Hindu	1.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
9	sasikala	28	4423	2	UG	Hindu	1.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
10	divya	20	3033	1	HSS	Hindu	1.3.14	Early Labour	intra-ceasarean	phone	Nil	social factors and myths	0-3 months	No	advised pop
11	sandhya	26	4387	1	HSS	Hindu	1.3.14	ANC	intra-ceasarean	clinic	Nil		Nil	Yes	no complaints
12	kamatchi	23	3977	1	Primary	Hindu	1.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
13	tamilarasi	30	4460	3	Uneducated	Hindu	1.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent interval TAT
14	rajeshwari	22	4416	2	UG	Hindu	1.3.14	Early Labour	<10 min	phone	0-3 months	not seen in usg		Yes	got fresh iucd inserted
15	bhuvaneshwari	24	3696	2	HSS	Hindu	1.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
16	ammu	21	4437	1	Diploma	Hindu	2.3.14	Post Partum	<10 min	clinic	Nil		Nil	Yes	no complaints
17	nadhiya	20	4481	3	HSS	Hindu	2.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent interval TAT
18	vijaya	27	4072	2	PG	Hindu	2.3.14	ANC	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
19	usharani	27	4456	1	UG	Hindu	2.3.14	ANC	intra-ceasarean	clinic	Nil	WDPV	Nil	Yes	treated with antibiotics
20	latha	26	4478	1	Primary	Hindu	2.3.14	ANC	intra-ceasarean	phone	Nil	bleeding	3-6 months	No	no complaints
21	padmaja	22	4382	1	High	Hindu	2.3.14	Post Partum	<10 min	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
22	divya	18	4477	1	HSS	Hindu	2.3.14	Early Labour	intra-ceasarean	clinic	0-3 months	not seen in usg		No	not willing for re insert
23	sivgami	34	4385	2	HSS	Hindu	2.3.14	Post Partum	<10 min	phone	Nil			Yes	no complaints
24	rekha	24	4491	1	UG	Hindu	2.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
25	indhradevi	30	4226	2	HSS	Hindu	2.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
26	kalaivani	24	4293	2	Diploma	Hindu	2.3.14	ANC	intra-ceasarean	clinic	Nil	missing string	Nil	Yes	confirmed by usg
27	gunasundhari	25	4496	2	Primary	Hindu	2.3.14	Post Partum	<10 min	phone	3-6 months	not seen in usg		Yes	got fresh iucd inserted
28	krishnaveni	19	4504	1	HSS	Hindu	2.3.14	Post Partum	<10 min	phone	Nil	missing string	Nil	Yes	confirmed by usg
29	poorani	23	4502	1	Diploma	Hindu	2.3.14	Post Partum	<10 min	clinic	Nil		Nil	Yes	no complaints
30	syed aisha siddique	21	4454	1	HSS	Muslim	2.3.14	Post Partum	<10 min	phone	Nil	social factors and myths	0-3 months	No	advised pop
31	habeeba	20	4515	1	Primary	Muslim	2.3.14	Post Partum	<10 min	phone	Nil	bleeding	3-6 months	No	advised pop
32	devi	21	4297	1	UG	Hindu	2.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
33	nadhiya	23	4527	1	UG	Hindu	3.3.14	Post Partum	<10 min	clinic	Nil		Nil	Yes	no complaints
34	valarmathy	38	4538	1	Uneducated	Hindu	3.3.14	ANC	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
35	geetha	21	4503	1	High	Hindu	3.3.14	Post Partum	<10 min	phone	Nil	WDPV	Nil	Yes	treated with antibiotics
36	rajeshwari	24	4534	1	HSS	Hindu	3.3.14	Post Partum	<10 min	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
37	suguna	21	4431	1	Diploma	Hindu	3.3.14	Post Partum	<10 min	phone	Nil	bleeding	Nil	Yes	reassurance
38	deepa	21	4531	1	HSS	Hindu	3.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
39	jamuna	23	4549	2	PG	Hindu	3.3.14	Post Partum	<10 min	clinic	Nil		Nil	Yes	no complaints
40	jayanthi	24	4441	3	UG	Hindu	3.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent PS
41	divyabharthi	22	4558	1	HSS	Hindu	3.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
42	faritha	21	3305	1	High	Muslim	3.3.14	ANC	intra-ceasarean	phone	Nil	social factors and myths	3-6 months	No	advised pop
43	rajalakshmi	25	4567	1	Primary	Hindu	3.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
44	bhuvaneshwari	32	4591	1	UG	Hindu	3.3.14	Post Partum	<10 min	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
45	saraswathi	26	4185	2	HSS	Hindu	3.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
46	kayalvizhi	25	4519	2	UG	Hindu	3.3.14	Post Partum	<10 min	clinic	Nil		Nil	No	underwent PS
47	sedhala parameshwari	23	2958	2	HSS	Hindu	3.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
48	adhilakshmi	24	4525	1	High	Hindu	3.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
49	saraswathi	22	4560	2	UG	Hindu	4.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent PS
50	vimala	29	4335	1	PG	Hindu	4.3.14	Early Labour	intra-ceasarean	clinic	Nil	missing string	Nil	Yes	confirmed by usg
51	saikiruba	20	4064	1	High	Hindu	4.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
52	salima	26	4677	2	HSS	Muslim	4.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
53	divya	20	4686	1	HSS	Hindu	4.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
54	mahalakshmi	26	4694	1	Uneducated	Hindu	4.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
55	mangayarkarasi	31	4678	2	Uneducated	Hindu	4.3.14	Early Labour	intra-ceasarean	clinic	Nil	missing string	Nil	Yes	confirmed by p/s exam
56	priya	20	4693	1	HSS	Hindu	4.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
57	selvi	22	4380	1	HSS	Hindu	4.3.14	Post Partum	<10 min	phone	Nil	bleeding	Nil	Yes	reassurance
58	yuvarani	23	4706	1	UG	Hindu	4.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
59	bakyavathi	20	4674	1	High	Hindu	5.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
60	suseelamary	31	4466	2	PG	Christian	5.3.14	Post Partum	<10 min	clinic	Nil		Nil	Yes	no complaints
61	lavanya	25	4700	1	Primary	Hindu	4.3.14	Post Partum	<10 min	phone	Nil	WDPV	Nil	Yes	treated with antibiotics
62	merlin	21	4733	1	HSS	Christian	5.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
63	mohanalakshmi	28	4725	1	Diploma	Hindu	5.3.14	ANC	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
64	devi	20	4514	1	High	Hindu	5.3.14	Post Partum	<10 min	phone	Nil	pain abdomen	Nil	Yes	reassurance
65	lakshmi	24	4679	2	HSS	Hindu	5.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent PS

MASTER CHART

SI	NAME	AGE	IP NO	PARITY	EDUCATION	RELIGION	DATE OF DELIVERY	TIME OF COUNSELLING	TYPE OF INSERTION	TYPE OF FOLLOW UP	EXPULSION STATUS	OTHER FINDINGS	REMOVAL STATUS:	CONTINUING	COMMENTS
66	uma maheshwari	22	4734	1	HSS	Hindu	5.3.14	Post Partum	<10 min	clinic	Nil		Nil	Yes	no complaints
67	priya	21	4739	1	High	Hindu	5.3.14	Early Labour	<10 min	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
68	kokila devi	22	4749	2	High	Hindu	5.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
69	devi	20	4435	1	Primary	Hindu	5.3.14	Early Labour	Intra-ceasarean	phone	Nil		Nil	Yes	no complaints
70	subashini	26	4784	1	UG	Hindu	5.3.14	Early Labour	Intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
71	komala	27	4593	3	Primary	Hindu	5.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent PS
72	krishnaveni	29	4306	1	UG	Hindu	5.3.14	ANC	Intra-ceasarean	clinic	Nil	pain abdomen	Nil	Yes	reassurance
73	amulu	25	4808	1	HSS	Hindu	6.3.14	ANC	Intra-ceasarean	phone	Nil		Nil	Yes	no complaints
74	patchiammal	20	4310	1	Primary	Hindu	6.3.14	Post Partum	<10 min	phone	Nil	bleeding	3-6 months	No	not willing for re insert
75	divya	22	4810	1	HSS	Hindu	5.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
76	neelavathy	23	4782	2	High	Hindu	5.3.14	Post Partum	<10 min	phone	Nil		0-3 months	Yes	underwent tat
77	uma maheshwari	28	4787	2	HSS	Hindu	6.3.14	Post Partum	<10 min	clinic	Nil		Nil	Yes	no complaints
78	saritha	21	4820	1	HSS	Hindu	6.3.14	Early Labour	Intra-ceasarean	phone	Nil		Nil	Yes	no complaints
79	nandhini	22	4819	1	HSS	Hindu	6.3.14	Post Partum	<10 min	phone	Nil	WDPV	Nil	Yes	treated with antibiotics
80	kamatchi	24	4825	1	UG	Hindu	6.3.14	Early Labour	Intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
81	jaya chandrika	27	4685	2	UG	Hindu	6.3.14	Early Labour	Intra-ceasarean	clinic	Nil		Nil	Yes	no complaints
82	subashini	26	4784	1	HSS	Hindu	6.3.14	Early Labour	Intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
83	malathy	25	4785	1	HSS	Hindu	6.3.14	Early Labour	Intra-ceasarean	phone	Nil		Nil	Yes	no complaints
84	sridevi	30	4786	2	UG	Hindu	6.3.14	ANC	Intra-ceasarean	phone	Nil		Nil	Yes	no complaints
85	rekha munusamy	25	4076	1	Diploma	Hindu	6.3.14	ANC	Intra-ceasarean	phone	Nil		Nil	Yes	no complaints
86	thenmozhi	22	4868	1	HSS	Hindu	6.3.14	Early Labour	Intra-ceasarean	clinic	Nil	missing string	Nil	Yes	confirmed by usg
87	sharmila banu	19	4781	2	Primary	Muslim	6.3.14	Post Partum	<10 min	phone	Nil	social factors and myths	0-3 months	No	advised pop
88	sasikala	19	4891	1	Primary	Hindu	6.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
89	jothilakshmi	34	4843	1	High	Hindu	6.3.14	ANC	Intra-ceasarean	phone	Nil		Nil	Yes	no complaints
90	puppy	26	4895	2	HSS	Christian	7.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent ps
91	logeshwari	27	4850	1	UG	Hindu	7.3.14	Post Partum	<10 min	clinic	Nil		Nil	Yes	no complaints
92	akila	23	4857	1	High	Hindu	6.3.14	Early Labour	Intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
93	vasuki	21	4443	1	HSS	Hindu	7.3.14	Early Labour	Intra-ceasarean	phone	Nil		Nil	Yes	no complaints
94	kayalvizhi	24	4833	1	HSS	Hindu	7.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
95	anitha	23	4899	2	Primary	Hindu	6.3.14	Post Partum	<10 min	phone	Nil	pain abdomen	Nil	Yes	reassurance
96	tamilarasi	20	4133	1	Primary	Hindu	6.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
97	helenmary	21	4930	3	Primary	Christian	7.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent PS
98	kantha	26	4554	1	Primary	Hindu	6.3.14	ANC	Intra-ceasarean	clinic	Nil		Nil	Yes	no complaints
99	sudha	25	4429	1	HSS	Hindu	6.3.14	ANC	Intra-ceasarean	phone	Nil		Nil	Yes	no complaints
100	thafiya	25	4302	1	HSS	Muslim	6.3.14	ANC	Intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
101	divya	24	4200	1	High	Hindu	7.3.14	Early Labour	Intra-ceasarean	clinic	Nil		Nil	Yes	no complaints
102	nithya	24	4483	1	UG	Hindu	7.3.14	Post Partum	<10 min	phone	Nil	WDPV	Nil	Yes	treated with antibiotics
103	revathy	26	4809	1	UG	Hindu	7.3.14	Early Labour	Intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
104	prema	20	4919	1	HSS	Hindu	7.3.14	Early Labour	Intra-ceasarean	phone	Nil		Nil	Yes	no complaints
105	uthra	21	4951	2	High	Hindu	7.3.14	Post Partum	<10 min	phone	Nil		0-3 months	Yes	underwent PS
106	suganya	20	4505	1	HSS	Hindu	7.3.14	Post Partum	<10 min	phone	Nil	pain abdomen	Nil	Yes	reassurance
107	pritha	26	4920	1	HSS	Hindu	7.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
108	kalaivani	21	4986	2	Uneducated	Hindu	7.3.14	Post Partum	<10 min	phone	Nil	pain abdomen	0-3 months	No	not willing for re insert
109	anjalakshmi	30	4776	1	Primary	Hindu	7.3.14	Early Labour	Intra-ceasarean	clinic	Nil		Nil	Yes	no complaints
110	sivagami	32	4966	1	High	Hindu	7.3.14	Early Labour	Intra-ceasarean	phone	Nil		Nil	Yes	no complaints
111	saranya	21	4943	1	Primary	Hindu	7.3.14	Post Partum	<10 min	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
112	thulasi	27	4974	2	UG	Hindu	7.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent PS
113	jothi	24	4688	1	HSS	Hindu	7.3.14	Post Partum	<10 min	clinic	Nil		Nil	Yes	no complaints
114	kamatchi	24	4995	1	HSS	Hindu	8.3.14	Post Partum	<10 min	phone	Nil	pain abdomen	Nil	Yes	reassurance
115	premavathy	20	4917	1	High	Hindu	8.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
116	rose	22	5001	1	HSS	Christian	8.3.14	Early Labour	Intra-ceasarean	phone	Nil		Nil	Yes	no complaints
117	deepa	23	4905	1	UG	Hindu	8.3.14	Early Labour	Intra-ceasarean	phone	Nil		Nil	Yes	no complaints
118	keerthika	20	4990	1	High	Hindu	7.3.14	ANC	Intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
119	poongodi	22	5009	2	High	Hindu	8.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent PS
120	amaravathy	24	5017	2	HSS	Hindu	8.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
121	gayathri	25	4870	1	HSS	Hindu	8.3.14	Early Labour	Intra-ceasarean	phone	Nil		Nil	Yes	no complaints
122	sangeetha	25	4608	1	High	Hindu	8.3.14	Early Labour	Intra-ceasarean	clinic	Nil		Nil	Yes	no complaints
123	deepika	23	5044	1	Primary	Hindu	8.3.14	Post Partum	<10 min	phone	0-3 months	not seen in usg	Nil	Yes	got fresh iucd inserted
124	viji	29	4789	1	PG	Hindu	9.3.14	Early Labour	Intra-ceasarean	clinic	Nil	pain abdomen	Nil	Yes	reassurance
125	teena	27	5063	1	Diploma	Christian	9.3.14	Early Labour	Intra-ceasarean	phone	Nil		Nil	Yes	no complaints
126	kamatchi	20	5077	2	Primary	Hindu	9.3.14	Early Labour	Intra-ceasarean	phone	Nil		Nil	Yes	no complaints
127	jayalakshmi	23	4390	1	HSS	Hindu	9.3.14	ANC	Intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
128	vanitha	20	4709	1	High	Hindu	9.3.14	ANC	Intra-ceasarean	clinic	Nil		Nil	Yes	no complaints
129	gomathi	28	5084	1	HSS	Hindu	9.3.14	Early Labour	Intra-ceasarean	phone	Nil		Nil	Yes	no complaints
130	surya	20	5072	1	Primary	Hindu	9.3.14	Early Labour	Intra-ceasarean	phone	Nil		Nil	Yes	no complaints

MASTER CHART

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131	poongodi	25	5075	1	HSS	Hindu	9.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
132	tamilselvi	19	5035	1	High	Hindu	9.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
133	saranya	24	4968	1	UG	Hindu	9.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
134	shakira banu	22	5070	1	HSS	Muslim	9.3.14	Early Labour	intra-ceasarean	clinic	Nil		Nil	Yes	no complaints
135	amudha	23	5074	2	High	Hindu	9.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent tat
136	pushpa	22	5090	1	High	Hindu	9.3.14	Post Partum	<10 min	phone	0-3 months	not seen in usg	Nil	No	not willing for re insert
137	vijayalakshmi	20	5094	1	HSS	Hindu	9.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
138	sudha	26	5708	1	Primary	Hindu	9.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
139	usha	25	5117	2	HSS	Hindu	9.3.14	Post Partum	<10 min	clinic	Nil		0-3 months	No	underwent ps
140	bhavani	23	5122	1	UG	Hindu	9.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
141	kamini	20	5073	1	HSS	Hindu	9.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
142	sangeetha	21	4970	1	HSS	Hindu	9.3.14	Post Partum	<10 min	phone	Nil	WDPV	0-3 months	No	not willing for re insert
143	tharadevi	27	5127	1	UG	Hindu	9.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
144	nalliammal	20	4983	1	Primary	Hindu	10.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
145	yasmeen parveen	21	5121	1	High	Muslim	10.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
146	lekha	20	5057	1	HSS	Hindu	10.3.14	Post Partum	<10 min	clinic	Nil	missing string	Nil	Yes	confirmed by p/s exam
147	urmila	20	5059	1	High	Hindu	10.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
148	kavitha	21	4807	1	HSS	Hindu	10.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
149	vanitha	21	5159	1	HSS	Hindu	10.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
150	kurinjimalar	21	5151	1	Primary	Hindu	10.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
151	nadhiya	23	5162	1	UG	Hindu	10.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
152	neela	23	5061	1	HSS	Hindu	10.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
153	vasanthi	29	5036	1	High	Hindu	10.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
154	anandhi	22	4692	1	High	Hindu	10.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
155	seetha	20	5233	1	HSS	Hindu	10.3.14	Post Partum	<10 min	clinic	Nil		Nil	Yes	no
156	sangeetha	24	5222	2	HSS	Hindu	10.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
157	mangayarkarasi	25	5243	1	UG	Hindu	10.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
158	sangeetha	28	5240	2	UG	Hindu	10.3.14	Post Partum	<10 min	clinic	Nil		0-3 months	No	underwent PS
159	saranya	24	5078	1	HSS	Hindu	11.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
160	priya	20	5214	1	HSS	Hindu	11.3.14	ANC	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
161	rani	25	5260	2	Diploma	Hindu	11.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
162	ishwarya	25	5175	1	UG	Hindu	11.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
163	shanmugavalli	26	5253	1	Primary	Hindu	11.3.24	Early Labour	intra-ceasarean	phone	Nil	pain abdomen	Nil	Yes	reassurance
164	lakshmi	25	5241	1	Primary	Hindu	11.3.24	Post Partum	<10 min	clinic	Nil	bleeding	3-6 months	No	not willing for re insert
165	deivanai	26	5091	1	High	Hindu	9.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
166	vijayalakshmi	30	5238	1	HSS	Hindu	10.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
167	uma maheshwari	28	5254	1	HSS	Hindu	10.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
168	kokila	21	5243	2	High	Hindu	10.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent PS
169	parvin rox	24	5092	2	HSS	Christian	11.3.14	Post Partum	<10 min	clinic	Nil		0-3 months	No	underwent PS
170	najina	26	5297	2	HSS	Muslim	11.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
171	sumithra	25	5287	1	UG	Hindu	11.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
172	porselvi	25	4624	1	HSS	Hindu	11.3.14	Early Labour	intra-ceasarean	clinic	Nil	missing string	Nil	Yes	confirmed by usg
173	indira	37	5282	2	Primary	Hindu	11.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
174	lakshmi	25	5225	1	UG	Hindu	11.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
175	akila	30	5230	1	PG	Hindu	11.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
176	venda	29	5278	3	Primary	Hindu	11.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent ps
177	kavitha	20	5302	1	HSS	Hindu	11.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
178	kadhambari	29	5259	1	Diploma	Hindu	11.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
179	kasthuri	28	5308	1	HSS	Hindu	11.3.14	Early Labour	intra-ceasarean	clinic	Nil		Nil	Yes	no complaints
180	kalpana	22	5272	1	High	Hindu	11.3.14	Post Partum	<10 min	phone	0-3 months	not seen in usg	Nil	Yes	got fresh iucd inserted
181	sangeetha	20	5221	1	Primary	Hindu	11.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
182	gayathri	22	5205	1	High	Hindu	11.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
183	pavitra	21	5150	1	HSS	Hindu	12.3.14	Post Partum	<10 min	clinic	Nil		Nil	Yes	no complaints
184	deivanayagi	24	5350	1	High	Hindu	12.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
185	lakshmi	24	4972	1	HSS	Hindu	12.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
186	thaheeron	22	3966	1	HSS	Muslim	11.3.14	Early Labour	intra-ceasarean	phone	Nil	WDPV	Nil	Yes	treated with antibiotics
187	uma	30	4791	1	UG	Hindu	11.3.14	Early Labour	intra-ceasarean	phone	Nil	pain abdomen	Nil	Yes	reassurance
188	poongavanam	34	5317	2	High	Hindu	12.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
189	manimegalai	23	5372	1	UG	Hindu	12.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
190	gowthami	20	5211	1	HSS	Hindu	12.3.14	Post Partum	<10 min	clinic	Nil		Nil	Yes	no complaints
191	bhavani	24	5360	1	Primary	Hindu	12.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
192	renugadevi	22	5380	1	High	Hindu	12.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
193	sonia gandhi	19	5348	1	High	Hindu	12.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
194	kavitha	24	5398	1	HSS	Hindu	12.3.14	Early Labour	intra-ceasarean	clinic	Nil	missing string	Nil	Yes	confirmed by p/s exam
195	aafiya	21	5423	2	Primary	Muslim	12.3.14	Post Partum	<10 min	phone	Nil	social factors and myths	3-6 months	No	not willing for re insert

MASTER CHART

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196	bhavani	20	5422	2	Primary	Hindu	12.3.14	Post Partum	<10 min	phone	Nil		3-6 months	No	underwent LS
197	sudha	28	3230	1	UG	Hindu	13.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
198	preethi	22	5419	1	HSS	Hindu	12.3.14	Post Partum	<10 min	clinic	Nil		Nil	Yes	no complaints
199	bagyavathy	19	5418	1	Primary	Hindu	13.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
200	saritha	27	5453	1	HSS	Hindu	13.3.14	Post Partum	<10 min	phone	0-3 months	not seen in usg	Nil	Yes	got fresh iucd inserted
201	vanitha	28	5406	1	UG	Hindu	13.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
202	lakshmi saraswathy	27	5452	1	HSS	Hindu	13.3.14	Post Partum	<10 min	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
203	akilandeshwari	28	5425	1	UG	Hindu	13.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
204	ammu	20	4253	2	Primary	Hindu	13.3.14	Post Partum	<10 min	clinic	Nil		Nil	Yes	no complaints
205	bakyashri	22	5447	1	High	Hindu	13.3.14	ANC	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
206	selvi	24	5457	2	HSS	Hindu	13.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent PS
207	manimegalai	26	5452	1	Primary	Hindu	13.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
208	yamuna	34	5428	1	Primary	Hindu	13.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
209	jayanthi	25	5502	1	HSS	Hindu	13.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
210	karpagam	28	5516	4	Primary	Hindu	13.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent PS
211	kulrath ayilya	21	5498	1	HSS	Muslim	13.3.14	Post Partum	<10 min	clinic	Nil	WDPV	Nil	Yes	treated with antibiotics
212	subashini	27	5543	1	UG	Hindu	13.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
213	sathyavani	23	5137	1	HSS	Hindu	13.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
214	nazreen	19	4790	1	High	Muslim	14.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
215	rekha	24	5557	1	Diploma	Hindu	14.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
216	jeyalakshmi	25	5563	2	UG	Hindu	14.3.14	Post Partum	<10 min	clinic	Nil		0-3 months	No	underwent LS
217	vatchala	26	5227	1	High	Hindu	13.3.14	Early Labour	intra-ceasarean	clinic	Nil		Nil	Yes	no complaints
218	shana khan	23	5216	2	Primary	Muslim	13.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
219	durga	23	5126	2	High	Hindu	13.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
220	chitra	24	5491	1	HSS	Hindu	13.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
221	munifa	21	4094	1	HSS	Muslim	14.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
222	parimala	20	5524	1	High	Hindu	14.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
223	saraladevi	21	5538	1	HSS	Hindu	14.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
224	nandhini	20	5547	1	HSS	Hindu	14.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
225	deepa	26	5579	2	UG	Hindu	14.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
226	sarala	32	5569	1	High	Hindu	14.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
227	kamili	20	5573	1	HSS	Hindu	14.3.14	Post Partum	<10 min	phone	Nil	pain abdomen	Nil	Yes	reassurance
228	nandhini	22	5547	1	HSS	Hindu	14.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
229	anusuya	24	5608	1	UG	Hindu	14.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
230	ramya	22	4545	1	HSS	Hindu	14.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
231	swapna	19	5624	1	HSS	Hindu	15.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
232	aruna	26	5643	2	UG	Hindu	15.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent PS
233	padmapriya	21	5532	1	HSS	Hindu	14.3.14	Post Partum	<10 min	phone	0-3 months	not seen in usg	Nil	No	not willing for re insert
234	marathamma	27	5514	1	HSS	Hindu	15.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
235	poongodhai	22	5644	2	UG	Hindu	15.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
236	muthulakshmi	20	5599	1	HSS	Hindu	14.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
237	shantha priya	23	5395	1	High	Hindu	14.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
238	vijayalakshmi	24	5194	1	Primary	Hindu	14.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
239	latha	22	5676	1	High	Hindu	15.3.14	Early Labour	<10 min	phone	Nil		Nil	Yes	no complaints
240	sharmila akthar	22	5603	1	Diploma	Hindu	14.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
241	muthulakshmi	20	5599	1	High	Hindu	14.3.14	Post Partum	<10 min	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
242	nayomi	27	5635	1	PG	Christian	15.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
243	revathi	25	5630	1	HSS	Hindu	15.3.14	Early Labour	intra-ceasarean	phone	Nil	pain abdomen	Nil	Yes	reassurance
244	mohanapriya	24	5653	1	HSS	Hindu	15.3.14	Post Partum	<10 min	phone	Nil	bleeding	Nil	Yes	reassurance
245	monika	19	5315	1	High	Hindu	15.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
246	chitra	23	5654	1	HSS	Hindu	15.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
247	suganya	19	5699	1	Primary	Hindu	15.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
248	jansirani	22	5642	2	HSS	**Hindu**	15.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent PS
249	banupriya	22	5681	1	HSS	Hindu	15.3.14	Post Partum	<10 min	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
250	priya	24	5702	2	High	Hindu	15.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
251	renuga	20	5704	1	High	Hindu	15.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
252	chitra	33	5622	2	UG	Hindu	15.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent PS
253	pauline mary	29	5641	3	High	Christian	15.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent PS
254	bharathi kannamma	21	5645	1	HSS	Hindu	15.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
255	latha	24	5652	1	UG	Hindu	15.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
256	geetha	25	5507	1	UG	Hindu	15.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
257	usna	21	5658	1	High	Hindu	15.3.14	Post Partum	<10 min	clinic	Nil		Nil	Yes	no complaints
258	ellammal	22	5062	1	HSS	Hindu	15.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
259	esther	22	5674	2	High	Christian	15.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
260	bharathi	25	5746	2	HSS	Hindu	16.3.14	Post Partum	<10 min	phone	Nil		3-6 months	No	underwent LS

MASTER CHART

SI	NAME	AGE	IP NO	PARITY	EDUCATION	RELIGION	DATE OF DELIVERY	TIME OF COUNSELLING	TYPE OF INSERTION	TYPE OF FOLLOW UP	EXPULSION STATUS	OTHER FINDINGS	REMOVAL STATUS:	CONTINUING	COMMENTS
261	viji	21	5708	1	Diploma	Hindu	16.3.14	Post Partum	<10 min	phone	Nil	pain abdomen	Nil	Yes	reassurance
262	muniammal	22	5767	2	Primary	Hindu	16.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
263	vasugi	23	5770	3	High	Hindu	16.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent PS
264	vasanthi	20	5029	1	HSS	Hindu	16.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
265	nandhini	26	5728	1	UG	Hindu	16.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
266	gunasundhari	26	5739	1	HSS	Hindu	16.3.14	Early Labour	intra-ceasarean	clinic	Nil		Nil	Yes	no complaints
267	mariya sathya jayanthi	23	5790	2	HSS	Christian	16.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
268	kalaivani	24	5786	1	High	Hindu	16.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
269	renuga	23	5744	1	High	Hindu	16.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
270	latha	40	4956	6	Uneducated	Hindu	16.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent PS
271	suganya	19	5740	1	High	Hindu	16.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
272	gayathri	22	5725	1	HSS	Hindu	16.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
273	nisha	24	5807	2	High	Hindu	16.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
274	deeranya	20	5778	1	HSS	Hindu	16.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
275	vanitha	23	5805	1	UG	Hindu	16.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
276	saraswathy	29	5218	2	HSS	Hindu	16.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
277	sasirekha	23	5824	2	High	Hindu	17.3.14	Post Partum	<10 min	phone	Nil	bleeding	3-6 months	No	underwent LS
278	geetha	22	5800	1	HSS	Hindu	17.3.14	Early Labour	intra-ceasarean	phone	Nil	WDPV	Nil	Yes	treated with antibiotics
279	annapoorani	28	5404	1	Diploma	Hindu	16.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
280	madhavi	21	5799	1	Primary	Hindu	16.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
281	geetha	22	5779	2	Primary	Hindu	16.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
282	sunantha	25	5822	1	UG	Christian	17.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
283	juli	21	5829	1	HSS	Christian	17.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
284	deepa	20	5623	1	High	Hindu	15.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
285	mahalakshmi	22	5717	1	Primary	Hindu	15.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
286	kiruthika	28	5533	2	UG	Hindu	16.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent PS
287	annapoorani	23	5409	1	High	Hindu	16.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
288	satyapriya	32	5835	1	Primary	Hindu	16.3.14	Post Partum	<10 min	clinic	Nil		Nil	Yes	no complaints
289	santhanalakshmi	38	5467	2	Primary	Hindu	17.3.14	Post Partum	<10 min	phone	Nil		0-3 months	Yes	underwent PS
290	dhanalakshmi	24	5855	2	HSS	Hindu	17.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
291	megala	25	5891	1	High	Hindu	17.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
292	parveen	23	4687	1	High	Muslim	17.3.14	Early Labour	intra-ceasarean	phone	Nil	bleeding	Nil	Yes	reassurance
293	ashwini	27	5394	1	UG	Hindu	17.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
294	pinky	29	5314	1	UG	Christian	17.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
295	baby	27	5401	1	High	Hindu	17.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
296	rajeshwari	31	5850	1	Primary	Hindu	17.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
297	chitra	25	5791	1	HSS	Hindu	17.3.14	Post Partum	<10 min	phone	Nil	bleeding	0-3 months	No	advised pop
298	amudha	30	5943	2	HSS	Hindu	18.3.14	Post Partum	<10 min	clinic	Nil		0-3 months	No	underwent tat
299	jothi	27	5951	1	HSS	Hindu	18.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
300	shamsath	23	5881	2	High	Muslim	18.3.14	Early Labour	<10 min	phone	Nil		Nil	Yes	no complaints
301	dhanalakshmi	20	5953	1	HSS	Hindu	18.3.14	Early Labour	<10 min	phone	Nil		Nil	Yes	no complaints
302	suryakala	24	5765	1	Primary	Hindu	18.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
303	sivagami	23	5836	1	High	Hindu	17.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
304	ranjini	24	5512	2	High	Hindu	18.3.14	ANC	intra-ceasarean	phone	Nil	pain abdomen	Nil	Yes	reassurance
305	radhika	22	5888	1	High	Hindu	18.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
306	jaya sudha	26	5316	1	UG	Hindu	18.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
307	blessy	23	5769	1	UG	Christian	18.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
308	nijitha	23	5961	1	HSS	Christian	18.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
309	sevanthi	34	5843	1	Primary	Hindu	18.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
310	divya	20	5910	1	HSS	Hindu	18.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
311	manju	25	5851	1	HSS	Hindu	18.3.14	Post Partum	<10 min	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
312	kiruthika	22	5965	1	HSS	Hindu	18.3.14	Post Partum	<10 min	clinic	Nil		Nil	Yes	no complaints
313	jayanthi	26	5711	1	Primary	Hindu	18.3.14	ANC	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
314	saraswathy	23	5988	2	High	Hindu	18.3.14	Early Labour	intra-ceasarean	clinic	Nil		Nil	Yes	no complaints
315	muniammal	26	6037	1	Uneducated	Hindu	18.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
316	elangeshwari	22	6038	1	High	Hindu	19.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
317	dillirani	29	5309	2	Primary	Hindu	18.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
318	tamil	27	5965	2	HSS	Hindu	18.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent PS
319	ammul	25	5511	1	Primary	Hindu	18.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
320	maheshwari	24	5351	1	HSS	Hindu	19.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
321	revathi	32	5847	1	Primary	Hindu	19.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
322	jeeva	25	6036	2	HSS	Hindu	18.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent ps
323	vanaja	35	5982	1	Primary	Hindu	18.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
324	renuka	24	5992	2	HSS	Hindu	18.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
325	nasrath mary	28	6023	2	High	Christian	19.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints

MASTER CHART

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326	hemalatha	26	6044	3	Primary	Hindu	19.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent PS
327	revathy	24	5912	1	UG	Hindu	19.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
328	ranjitha	31	5996	1	Diploma	Hindu	19.3.14	Early Labour	intra-ceasarean	phone	0-3 months	not seen in usg	Nil	Yes	got fresh iucd inserted
329	rajathi	30	6006	2	Primary	Hindu	19.3.14	Post Partum	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
330	sumathy	30	3578	1	HSS	Hindu	19.3.14	Post Partum	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
331	yuvarani	23	5318	1	HSS	Hindu	18.3.14	Post Partum	<10 min	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
332	supriya	29	6055	1	UG	Hindu	19.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
333	malathy	25	5522	2	HSS	Hindu	19.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
334	anitha	31	6050	1	Primary	Hindu	19.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
335	durga	23	5989	2	High	Hindu	19.3.14	Early Labour	intra-ceasarean	phone	Nil	WDPV	Nil	Yes	treated with antibiotics
336	sumathi	26	6017	2	HSS	Hindu	19.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
337	nancy ramya	41	6117	1	UG	Christian	19.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
338	selvi	29	5896	1	HSS	Hindu	19.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
339	kavitha	20	5920	2	High	Hindu	19.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
340	sarala	21	6096	2	Primary	Hindu	20.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
341	manimegalai	21	6129	1	High	Hindu	20.3.14	Post Partum	<10 min	clinic	Nil		Nil	Yes	no complaints
342	sangeetha	23	6099	1	HSS	Hindu	20.3.14	Early Labour	intra-ceasarean	phone	Nil	pain abdomen	Nil	Yes	reassurance
343	kavitha	22	6101	1	High	Hindu	20.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
344	thenmozhi	20	5911	1	High	Hindu	20.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
345	thenmozhi	27	5601	2	HSS	Hindu	19.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
346	rajashri	25	5939	1	HSS	Hindu	19.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
347	nagamani	28	6072	1	UG	Hindu	19.3.14	Early Labour	intra-ceasarean	clinic	Nil	missing string	Nil	Yes	confirmed by usg
348	kavitha	20	5501	2	High	Hindu	20.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
349	gajalakshmi	25	5508	2	HSS	Hindu	20.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
350	prasanna	30	6145	1	Diploma	Hindu	20.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
351	rajathi	21	6137	1	HSS	Hindu	20.3.14	Post Partum	<10 min	phone	Nil	WDPV	Nil	Yes	treated with antibiotics
352	jancyrani	19	6107	1	High	Christian	20.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
353	kanaga durga	21	5907	1	High	Hindu	20.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
354	nagarani	23	5831	1	HSS	Hindu	20.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
355	divya	23	5985	1	HSS	Hindu	20.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
356	priya darshini	22	5972	1	Primary	Hindu	20.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
357	dilhima	20	6087	1	Primary	Hindu	20.3.14	Post Partum	<10 min	phone	Nil	pain abdomen	Nil	Yes	reassurance
358	sulekha	19	5865	1	Primary	Hindu	20.3.14	Early Labour	intra-ceasarean	clinic	Nil	missing string	Nil	Yes	confirmed by p/s exam
359	abinaya	23	6138	1	HSS	Hindu	20.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
360	jesintharani	21	5788	1	High	Christian	20.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
361	kamatchi	23	5846	1	Primary	Hindu	20.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
362	senthezdevipriya	29	6027	1	UG	Hindu	20.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
363	shameema	21	6183	1	Primary	Muslim	20.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
364	suganya	22	6151	1	HSS	Hindu	20.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
365	bharathi	23	6148	1	HSS	Hindu	21.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
366	mohanapriya	22	6178	1	High	Hindu	21.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
367	malliga	25	6233	1	HSS	Hindu	21.3.14	Early Labour	intra-ceasarean	clinic	Nil		Nil	Yes	no complaints
368	devi	25	6241	2	High	Hindu	21.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
369	kamatchi	20	6103	1	Primary	Hindu	20.3.14	Post Partum	<10 min	phone	Nil	missing string	Nil	Yes	confirmed by usg
370	suseela	27	5610	1	UG	Hindu	21.3.14	ANC	intra-ceasarean	phone	Nil	pain abdomen	Nil	Yes	reassurance
371	jamuna	23	6273	1	HSS	Hindu	21.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
372	alamu	27	6171	2	High	Hindu	21.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent ps
373	vanitha	24	6175	1	Diploma	Christian	21.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
374	raja lakshmi	20	6276	1	High	Hindu	21.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
375	saraswathy	24	6249	1	HSS	Hindu	21.3.14	Post Partum	<10 min	phone	Nil	bleeding	3-6 months	No	advised pop
376	tamilarasi	26	6001	1	HSS	Hindu	22.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
377	naveena	25	6320	1	UG	Hindu	22.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
378	rajeshwari	23	6247	1	HSS	Hindu	22.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
379	deepa	23	3910	2	High	Hindu	21.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
380	valliammal	31	6317	1	Primary	Hindu	22.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
381	bhavani	29	5895	2	HSS	Hindu	21.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent PS
382	revathy	27	6247	1	High	Hindu	21.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
383	devi	20	6311	1	HSS	Hindu	22.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
384	revathy	27	6184	1	UG	Hindu	22.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
385	ponniammal	22	6308	1	Primary	Hindu	22.3.14	Post Partum	<10 min	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
386	usha	26	6225	1	UG	Hindu	22.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
387	yasmin nisha	29	6166	1	UG	Muslim	22.3.14	ANC	intra-ceasarean	phone	Nil	pain abdomen	Nil	Yes	reassurance
388	esther jansi rani	27	5898	2	HSS	Christian	22.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
389	sangeetha	23	3549	1	High	Hindu	22.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
390	punitha	28	6711	1	HSS	Hindu	22.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints

MASTER CHART

SI	NAME	AGE	IP NO	PARITY	EDUCATION	RELIGION	DATE OF DELIVERY	TIME OF COUNSELLING	TYPE OF INSERTION	TYPE OF FOLLOW UP	EXPULSION STATUS	OTHER FINDINGS	REMOVAL STATUS:	CONTINUING	COMMENTS
391	sulochana	22	6294	2	Primary	Hindu	22.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
392	ramu	29	6188	2	Uneducated	Hindu	22.3.14	Post Partum	<10 min	clinic	Nil		0-3 months	No	underwent ps
393	subha	23	6384	1	UG	Hindu	22.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
394	muthulakshmi	23	6282	1	High	Hindu	22.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
395	kaveri	20	5954	1	High	Hindu	22.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
396	subha	24	6384	1	HSS	Hindu	23.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
397	jothirmayi	22	6349	1	High	Hindu	23.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
398	kalyani	26	6403	1	HSS	Hindu	23.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
399	velguruthai	23	6182	2	Primary	Hindu	23.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent ps
400	mariya sheeba	30	6341	1	High	Hindu	23.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
401	sadhiya banu	21	6414	1	High	Muslim	23.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
402	vaitheeshwari	21	6368	1	Primary	Hindu	23.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
403	banupriya	22	6394	1	HSS	Hindu	23.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
404	narayanam thirupal	30	6387	3	Primary	Hindu	23.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent ps
405	megala	25	6423	1	HSS	Hindu	23.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
406	pradeepa	31	6340	1	PG	Hindu	23.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
407	durga	21	6390	1	HSS	Hindu	23.3.14	Early Labour	intra-ceasarean	clinic	Nil		Nil	Yes	no complaints
408	devaki	29	6432	1	High	Hindu	23.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
409	Jothilakshmi	21	6433	1	HSS	Hindu	23.3.14	Post Partum	<10 min	phone	Nil	social factors and myths	Nil	Yes	reassurance
410	satyapriya	20	6431	1	High	Hindu	23.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
411	nirmala	30	6454	1	Primary	Hindu	23.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
412	sarasu	26	6359	2	Primary	Hindu	23.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
413	kowsalya	21	6456	1	High	Hindu	23.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
414	sharmila	19	6472	1	HSS	Hindu	24.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
415	revathy	25	6459	2	High	Hindu	23.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent ps
416	ishwarya	19	6334	1	High	Hindu	24.3.14	Post Partum	<10 min	phone	Nil	pain abdomen	Nil	Yes	reassurance
417	nithya	21	6331	1	High	Hindu	24.3.14	Post Partum	<10 min	phone	Nil	bleeding	Nil	Yes	reassurance
418	satya	25	6330	1	HSS	Hindu	24.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
419	kamalavalli	30	6488	1	High	Hindu	24.3.14	Early Labour	intra-ceasarean	clinic	Nil		Nil	Yes	no complaints
420	pramila	24	6382	1	UG	Hindu	23.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
421	geetha	27	6493	2	HSS	Hindu	24.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
422	muthazhagi	22	6285	2	Primary	Hindu	23.3.14	ANC	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
423	nithya	27	5991	1	HSS	Hindu	24.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
424	valli	20	6358	1	High	Hindu	23.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
425	hanna priya	24	6409	1	UG	Christian	23.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
426	alamelu	24	6484	1	High	Hindu	24.3.14	Post Partum	<10 min	clinic	Nil	missing string	Nil	Yes	confirmed by p/s exam
427	vijayalakshmi	22	5405	1	HSS	Hindu	24.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
428	amy shalesha	19	6494	1	High	Christian	24.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
429	anitha	26	6479	1	HSS	Hindu	24.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
430	jessy	34	6582	2	UG	Christian	24.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
431	samathanam	32	6545	1	Primary	Christian	24.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
432	sathya	31	6595	3	High	Hindu	24.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent ps
433	kavitha	20	6544	1	HSS	Hindu	25.3.14	Post Partum	<10 min	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
434	vannamma	21	6518	1	High	Hindu	25.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
435	soundarya	21	6601	2	High	Hindu	25.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent LS
436	mohana	21	6362	1	HSS	Hindu	25.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
437	geethagracy	27	6625	1	UG	Christian	25.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
438	meenakshi	21	6540	1	HSS	Hindu	25.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
439	vijaya	24	6568	1	UG	Hindu	25.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
440	suseela	26	6590	1	PG	Hindu	25.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
441	sarasu	23	6609	2	Primary	Hindu	25.3.14	Post Partum	<10 min	phone	Nil	missing string	Nil	Yes	confirmed by p/s exam
442	kalpana	30	6517	1	HSS	Hindu	25.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
443	bhavani	27	6625	1	High	Hindu	25.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
444	maheshwari	26	6619	1	Primary	Hindu	25.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
445	rajeshwari	24	6577	1	HSS	Hindu	25.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
446	satya	31	6595	2	HSS	Hindu	25.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent ps
447	rekha	20	6615	1	High	Hindu	25.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
448	lakshmi	30	6690	2	Primary	Hindu	25.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent ps
449	vijaya	24	6568	1	UG	Hindu	25.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
450	kavitha	28	6645	2	UG	Hindu	25.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
451	rekha	24	6551	1	HSS	Hindu	25.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
452	savithri	21	5999	1	HSS	Hindu	25.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
453	sushmilatha	18	6527	1	High	Hindu	25.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
454	dhanalaksmi	24	6725	2	HSS	Hindu	25.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
455	pallavi	22	6713	3	Primary	Hindu	25.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent ps

MASTER CHART

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456	kanagavalli	23	6700	2	HSS	Hindu	26.3.14	Post Partum	<10 min	clinic	Nil	bleeding	Nil	Yes	reassurance
457	kanchana	29	6664	2	UG	Hindu	26.3.14	Post Partum	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
458	vani	21	6342	1	HSS	Hindu	26.3.14	Post Partum	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
459	rahmath nisha	32	6723	1	Primary	Muslim	26.3.14	Post Partum	<10 min	phone	Nil	social factors and myths	Nil	Yes	reassurance
460	kodhainayagi	20	6631	1	HSS	Hindu	26.3.14	Early Labour	<10 min	phone	Nil		Nil	Yes	no complaints
461	asha	21	6716	1	HSS	Christian	26.3.14	Early Labour	<10 min	clinic	Nil		Nil	Yes	no complaints
462	ramya	20	6715	1	HSS	Hindu	26.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
463	karuthamma	20	6701	1	Primary	Hindu	26.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
464	namakani	28	6465	1	PG	Hindu	26.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
465	rekha	30	5794	1	HSS	Hindu	26.3.14	Post Partum	<10 min	phone	0-3 months	not seen in usg	Nil	Yes	got fresh iucd inserted
466	sandhya	20	6293	2	High	Hindu	26.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
467	saraswathy	23	6741	1	HSS	Hindu	26.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
468	jamunarani	25	6762	1	UG	Hindu	26.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
469	selvi	22	6726	1	HSS	Hindu	26.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
470	mariamma	21	6453	4	Uneducated	Hindu	26.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent ps
471	geetha	24	6722	1	UG	Hindu	26.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
472	mahalakshmi	23	6621	1	Primary	Hindu	26.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
473	santhanalakshmi	23	6657	1	UG	Hindu	26.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
474	neelu farhana	30	6096	1	Primary	Muslim	26.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
475	ambika	23	6656	3	Primary	Hindu	26.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent ps
476	malarkodi	32	6746	2	Primary	Hindu	27.3.14	Early Labour	<10 min	phone	0-3 months	not seen in usg	Nil	No	underwent tat
477	sarasu	25	6714	1	HSS	Hindu	27.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
478	sivaranjani	34	6818	1	PG	Hindu	27.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
479	muthulakshmi	30	6823	1	High	Hindu	27.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
480	radha	27	6563	2	HSS	Hindu	27.3.14	Early Labour	intra-ceasarean	phone	Nil	WDPV	Nil	Yes	treated with antibiotics
481	manjula	21	6796	1	HSS	Hindu	27.3.14	ANC	<10 min	phone	Nil		Nil	Yes	no complaints
482	guna	24	6777	1	High	Hindu	27.3.14	Early Labour	<10 min	phone	Nil		Nil	Yes	no complaints
483	sangeetha	26	6768	2	HSS	Hindu	27.3.14	Early Labour	<10 min	phone	Nil		Nil	Yes	no complaints
484	manju	25	6792	1	UG	Hindu	27.3.14	Early Labour	<10 min	phone	Nil		Nil	Yes	no complaints
485	vanitha	25	6764	1	High	Hindu	27.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
486	shalini	24	6793	2	High	Christian	27.3.14	ANC	intra-ceasarean	phone	Nil	pain abdomen	Nil	Yes	reassurance
487	prabha	26	6558	1	HSS	Hindu	27.3.14	Early Labour	intra-ceasarean	clinic	Nil		Nil	Yes	no complaints
488	kalpana	23	6823	1	High	Hindu	27.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
489	vijaya lakshmi	23	6822	1	Primary	Hindu	27.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
490	jayanthi	20	6816	1	High	Hindu	27.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
491	isairani	29	6840	3	Primary	Hindu	27.3.14	Post Partum	<10 min	phone	0-3 months	not seen in usg	Nil	No	underwent tat
492	prema	24	6755	1	HSS	Hindu	27.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
493	ponnatha	25	6133	1	Uneducated	Hindu	27.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
494	saraswathy	18	6895	1	Primary	Hindu	28.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
495	kowsalya	21	6803	1	High	Hindu	28.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
496	rajeshwari	24	6604	1	HSS	Hindu	28.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
497	geetha	26	6360	1	HSS	Hindu	28.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
498	radha	31	6172	1	UG	Hindu	28.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
499	anusu	31	6917	2	Primary	Hindu	28.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent ps
500	gayathri	20	6905	1	HSS	Hindu	28.3.14	Post Partum	<10 min	clinic	Nil	social factors and myths	Nil	Yes	reassurance
501	satya	25	6892	2	HSS	Hindu	28.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
502	navamani	27	6943	1	High	Hindu	28.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
503	jeyakodi	24	6899	1	HSS	Hindu	28.3.14	Post Partum	<10 min	phone	Nil		Nil	Yes	no complaints
504	thangaswathi	23	6929	2	High	Hindu	28.3.14	Post Partum	<10 min	phone	Nil		0-3 months	No	underwent ps
505	jaisy	26	6951	1	UG	Christian	28.3.14	Early Labour	intra-ceasarean	clinic	Nil		Nil	Yes	no complaints
506	nishanthi	20	6795	2	High	Hindu	28.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
507	jamuna	28	6804	2	Diploma	Hindu	28.3.14	ANC	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
508	parameshwari	21	6883	1	High	Hindu	29.3.14	Early Labour	intra-ceasarean	phone	Nil	missing string	Nil	Yes	confirmed by usg
509	radha	19	6946	1	High	Hindu	29.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints
510	mallika	23	7006	2	HSS	Hindu	29.3.14	Early Labour	intra-ceasarean	phone	Nil		Nil	Yes	no complaints